

# Refugee Domestic Medical Exam Clinical Decision Support: Guidelines for Implementation

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## Introduction

### Purpose:

This document includes instructions for building a customized version of the Refugee Epic User Group consensus order sets and documentation templates for the Domestic Medical Examination in Epic 2014 or later. These tools are intended to simplify and standardize completion of the refugee Domestic Medical Examination.

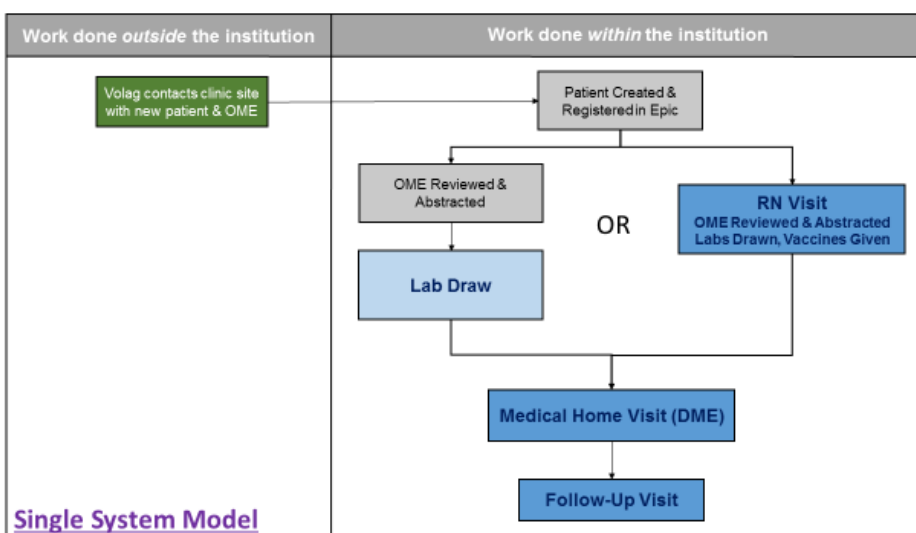
### Workgroup:

The Refugee Epic User Group includes 21 clinicians, administrators, and informatics specialists from 13 institutions that care for refugee populations in the United States and Canada. A core group from the Center for International Health at the University of Minnesota, the Minnesota Department of Public Health, and the Children's Hospital of Philadelphia was responsible for closely reviewing the CDC's guidelines for the U.S. domestic medical examination for newly arriving refugees, soliciting and collating user group input, reviewing feedback from state refugee health epidemiologists, and piloting the order sets and documentation templates.

### Workflows

This suite of clinical decision support tools was developed after discussion with the Refugee Epic User Group about the most common workflows used to complete the Domestic Medical Exam. This type of decision support allows for flexibility, customization, avoids interruptive alerts, and has low information systems overhead.

Thirteen institutions completed workflow analyses. Of these, 9 complete all steps of the Domestic Medical Exam in a single institution. These 9 institutions all had some form of "pre-visit" work, which generally involved either an RN visit (in one case an advanced practice provider (APP) visit) or a provider-review of the overseas medical exam (OME), lab orders, and lab draws with no explicit visit.

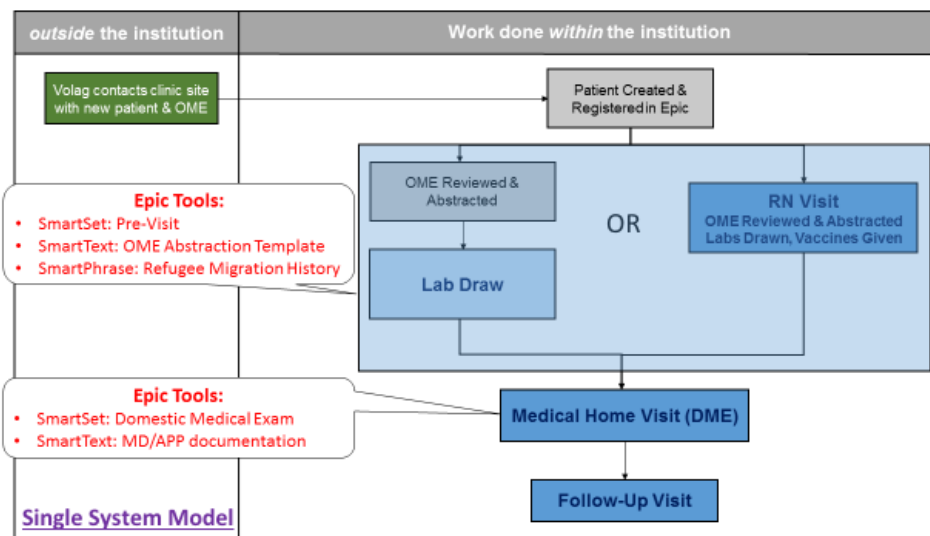


Based on this model, the Refugee Epic User Group agreed on the following tools:

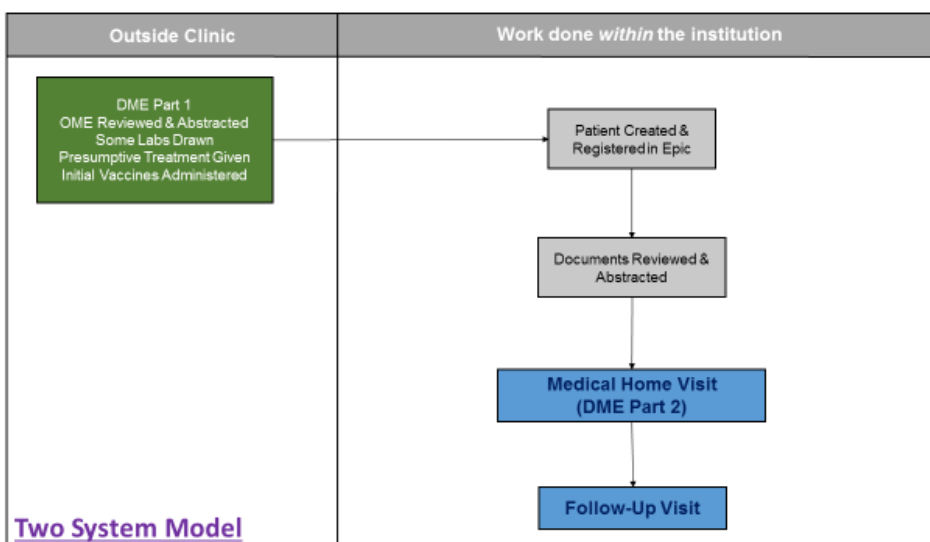
- Pre-Visit Tools:

- Pre-Visit SmartSet (To be used for OME abstraction and lab orders and/or an RN/APP visit).
- OME Abstraction Template
- Refugee Migration History (if an RN or APP visit performed at this stage; otherwise this tool is used in the Domestic Medical Exam)
- Medical Home Visit Tools (Domestic Medical Exam):
  - Domestic Medical Exam SmartSet
  - MD/APP documentation template SmartText

These tools would be integrated into this most common workflow as follows:

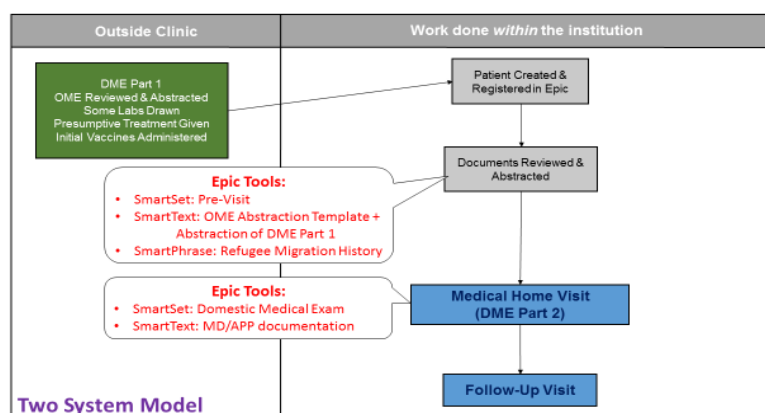


Workflows for 3 of 13 reporting institutions involved an initial set of work from an external institution, followed by completion of the Domestic Medical Exam at the home institution:



In this case, we envision that similar decision support tools will integrate into the workflow, with the major difference being that OME abstraction would also require abstraction of data collected at the external institution (DME Part 1 above).

Because this additional data abstraction will vary, we recommend that institutions using the Two System Model customize the Pre-Visit “OME Abstraction” text to include information gathered at the prior institution.



### A Note on Changes to the Refugee Health Guidelines

The CDC refugee health guidelines are updated periodically. See the current version of the guidelines at <https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/domestic-guidelines.html>. Users of this CDS module should check the refugee health guideline website periodically.

### A Note on Immunizations, Hearing/Vision Screening, and Vital Signs

Due to the complexity of immunization scheduling in refugee patients handling of immunizations is not addressed within this CDS module. Many organizations have immunization CDS within their EHR, however, these may be insufficient for the needs of newly arrived refugee patients. Newly arrived refugees may or may not have been vaccinated and EHRs may not sufficiently handle immunization spacing or dose counting in refugee patients. We suggest cautious use of EHR-based CDS for immunizations in these patients and manual verification of all immunization ordering. Publically available immunization CDS has been developed by the CDC, the [Clinical Decision Support for Immunization \(CDSi\)](https://www.cdc.gov/vaccines/programs/iis/cdsi.html), and may be a useful reference for organizations looking to implement immunization rules. Reference: <https://www.cdc.gov/vaccines/programs/iis/cdsi.html>

It was also recognized during the development of this CDS module that certain tasks relevant to the care of the newly arrived refugee would likely be already well supported by CDS and would not need to be tailored to this population. Handling of hearing and vision screening and vital sign documentation are the two most prominent examples. Hearing and Vision screening in the pediatric patient is not unique for the refugee patient. We included orders for this within the SmartSets below using SmartGroups for maintained by our organization for general well child care. This allows for changes to periodic screening requirements to be automatically populated into this CDS module. Similarly, it was recognized that organizations commonly have ways to incorporate vitals into documentation. Rather than craft a vitals documentation text specific to the needs of refugee patients, we encourage sites to use their organizations modules.

## Smart Data Elements

We have developed Smart Data Elements for collection of public health data from documentation as per the Association of Refugee Health Coordinators “Refugee Health Data Dictionary”. Organizations participating in public health surveillance may wish to support data collection using the SDEs in the BuildList. While building all SDEs is recommended it is recognized that this is a large undertaking and sites may wish to implement a subset to facilitate internal quality improvement and data collection.

Reference: <https://refugeehealthcoordinators.wordpress.com/publications/>

## Organization of this Document

This document is organized by SmartSet (a Pre-Visit SmartSet and a Domestic Medical Exam SmartSet). Each section of the SmartSet has its own header and any section comments that belong in the SmartSet.

Sections focused primarily on documentation will have the following elements:

- Main SmartText – text that will populate the note of interest.
- SmartLists – a screenshot of every SmartList that appears in the main SmartText
- Hyperlinks – the URL for all hyperlinks in the document
- Potential customizations (optional). These will be highlighted as follows:

Customization point →



Sections focused on ordering, diagnoses, patient instructions, and billing will have the following elements:

- Overview – this may include both a description as well as a demo version of the SmartGroups – many sections have dynamic SmartGroups where one SmartGroup will populate instead of the others based on age or gender. In that case, a “demo SmartGroup” may be shown with comments within each order describing when that order will or will not show up.
- Section Comments – Statements that are displayed to the end user to provide instructions on how to use the section and/or links to external resources.
- SmartGroups – these will be noted with the appropriate restriction (e.g. “Under 6 months” or “12 years through 16 years AND Female”).
- Hyperlinks – Hyperlinks may need to be added to your institution’s [Browser Whitelist](#) depending on your version of EPIC and other configuration settings. Hyperlinks to EPICACT may need to be revised depending on internal navigator/section identifiers and customizations. Generally, we have tried to hyperlink to sites that maintain stable URLs even when resources are updated.

## Pre-Visit SmartSet

### Refugee Pre-Visit SmartSet <sup>A</sup>

#### Documentation

OME data can be obtained through the CDC's Electronic Disease Notification Website (need login)

##### Documentation

- ☒ Refugee OME Abstraction
- ☐ Refugee OME Not Available

#### Migration History

Please go to the [Social History Section](#) and use: .REFUGEESSOCIALHISTORY to document the migration history if available. Use Ctrl+Shift+S to return to SmartSets.

#### Standing Labs

##### Pre-Visit Standing Labs

- ☒ CBC/Platelet With Differential-COMBO ■  
Expires: 11/27/2018, Office Collect, Resulting Agency - THE CHILDREN'S HOSPITAL OF PHILADELPHIA, Routine, Procedure Master:85025.999
- ☒ Hepatitis B Surface Antigen-COMBO ■  
Expires: 11/27/2018, Office Collect, Resulting Agency - THE CHILDREN'S HOSPITAL OF PHILADELPHIA, Routine, Blood, Procedure Master:87340.001
- ☒ Hepatitis B Total Core AB-COMBO ■  
Expires: 11/27/2018, Office Collect, Resulting Agency - THE CHILDREN'S HOSPITAL OF PHILADELPHIA, Routine, Blood, Procedure Master:86704.001
- ☒ Hepatitis B Surface Antibody-COMBO ■  
Expires: 11/27/2018, Office Collect, Resulting Agency - THE CHILDREN'S HOSPITAL OF PHILADELPHIA, Routine, Procedure Master:86706.001
- ☒ HIV Antigen/Antibody-COMBO ■  
Expires: 11/27/2018, Office Collect, Resulting Agency - THE CHILDREN'S HOSPITAL OF PHILADELPHIA, Routine, Procedure Master:86703.002
- ☒ Lead Venous Blood-COMBO ■  
Expires: 11/27/2018, Office Collect, Resulting Agency - THE CHILDREN'S HOSPITAL OF PHILADELPHIA, Routine, Procedure Master:83655.010
- ☒ Quantiferon Gold-COMBO ■  
Expires: 11/27/2017, Expires: 11/27/2018, Office Collect, Resulting Agency - THE CHILDREN'S HOSPITAL OF PHILADELPHIA, Routine, Blood, Procedure Master:86480.015
- ☐ TB INTRADERMAL TEST ■  
Expected: Tomorrow, Expires: 1 Year, Back Office Procedure Master: 86580.998
- ☐ Urine Pregnancy Test(Office) ■  
Expected: Today, Expires: 1 Year, Back Office, Routine Procedure Master: 81025.999
- ☐ C.Trachomatis/N.Gonorrhoeae ■  
Expected: Today, Expires: 1 Year, Office Collect, Routine Procedure Master: 87486.008

##### Additional Labs for CHOP Patients

- ☒ Vitamin D 25 OH-COMBO ■  
Expires: 12/1/2017, Expires: 12/1/2018, Office Collect, Resulting Agency - THE CHILDREN'S HOSPITAL OF PHILADELPHIA, Routine, Procedure Master:82306.001
- ☒ RPR Qualitative w/Rfix Titer-COMBO ■  
Expires: 12/1/2017, Expires: 12/1/2018, Office Collect, Resulting Agency - THE CHILDREN'S HOSPITAL OF PHILADELPHIA, Routine, Procedure Master:86592.002
- ☒ VZV IgG Serology-COMBO ■  
Expires: 12/1/2017, Expires: 3/1/2018, Office Collect, Resulting Agency - THE CHILDREN'S HOSPITAL OF PHILADELPHIA, Routine, Procedure Master:86787.999
- ☒ Hepatitis A IgG Antibody ■  
Expires: 12/2/2017, Expires: 3/1/2018, Office Collect, Routine, Blood, Procedure Master:86790.017
- ☒ Hepatitis C Antibody-COMBO ■  
Expires: 12/1/2017, Expires: 12/1/2018, Office Collect, Resulting Agency - THE CHILDREN'S HOSPITAL OF PHILADELPHIA, Routine, Procedure Master:86803.001
- ☒ G6PD Screen w/reflex to Quant ■  
Expires: 12/1/2017, Expires: 3/1/2018, Office Collect, Routine, Procedure Master:82690.015

#### Additional Labs

[CDC Domestic Medical Exam Screening Guidelines](#)  
[Global Schistosomiasis Atlas](#)

Supplemental Labs to Consider if not Already Addressed in Overseas Documentation

[click for more](#)

Additional Labs Based on Individual Exposures and History

[click for more](#)

#### Positive Tuberculin Skin Test or Interferon Gamma Receptor Assay (IGRA) from Overseas Medical Exam NOT Previously Treated

[TST interpretation guidelines.](#)

Induration of  $\geq 5$  mm is considered positive in

- Refugees with HIV
- Refugees known to have been recently in close contact with someone with infectious TB
- Refugees with changes on chest X-ray consistent with prior TB
- Refugees with organ transplants and other immunosuppressed patients

Induration of  $\geq 10$  mm is considered positive in all refugees.

**Tuberculosis Class B Classification**

Patients who arrive with a TB Class B1, B2, or B3 designation should be referred to the local public health department that manages tuberculosis regardless of their TST or IGRA results. This is important to make sure that a full and complete evaluation for TB is conducted and documented for all individuals arriving with a TB Class B designation.

Please be sure that all household contacts are also screened for TB.

[CDC Tuberculosis Guidelines](#)  
[CDC TB Treatment Guidelines](#)  
[CDC TB Latency Guidelines](#)

Asymptomatic

[click for more](#)

Symptomatic

[click for more](#)

#### Positive Hepatitis B Surface Antigen from Overseas Medical Exam

[Interpretation of serologic test results for hepatitis B](#)

[Case definition for chronic hepatitis B](#)  
[Multilingual Hepatitis B Patient Instructions](#)

Positive Hepatitis B Antigen from OME

[click for more](#)

#### Diagnoses

##### Pre-visit Diagnoses

[click for more](#)

- ☒ Encounter for screening for infectious and parasitic diseases, unspecified [Z11.9]
- ☒ Language barrier, cultural differences [Z60.3]
- ☒ Screening for tuberculosis [Z11.1]
- ☒ Screening for endocrine, nutritional, metabolic and immunity disorder [Z13.29, Z13.21, Z13.228, Z13.0]
- ☒ Routine screening for STI (sexually transmitted infection) [Z11.3]
- ☒ Incomplete immunization status [Z91.89]
- ☒ Screening for lead poisoning [Z13.88]

#### Level of Service

##### Chief Complaint: Overseas Medical Exam Documentation

☒ Chief Complaint: Overseas Medical Exam Documentation

##### Level of Service

☒ [100001] No Charge

#### Follow-Up

##### Follow-Up

☒ Domestic Medical Exam as scheduled

*Note: The image above is a full display of the Pre-Visit SmartSet as it would appear for a 9 year old girl. At specific age-gender combinations, different labs tests and SmartSet elements are pre-checked.*

## Documentation

Documentation		Edit SmartGroup
<input checked="" type="checkbox"/>	SmartText: Refugee OME Abstraction	SmartText summary.
<input type="checkbox"/>	SmartText: Refugee OME Not Available	SmartText summary.

There are two options for Documentation: Refugee OME Abstraction and Refugee OME Not Available.

### Section Comments:

None

### Refugee OME Abstraction (ETX):

#### Refugee Overseas Medical Exam (OME) Abstraction

Birth Country: \*\*\*

Alien #: {Alien Number:27902}

Pre-Departure Overseas Medical Exam (OME) Date: \*\*\*, Country: \*\*\*, City: \*\*\*

Class: {Refugee Class:22579}

TB evaluation/treatment from OME ([CDC Guidelines](#)):

{Refugee Overseas TB Evaluation/Treatment:22583}

TB Testing from OME ([Interpretation Guidelines](#)): {OME TB Testing:22590}

Hepatitis B surface Antigen from OME ([CDC Guidelines](#)): {Positive/Negative/Indeterminate/Not performed:22606}

RPR from OME ([STI Screening Guidelines](#)): {Positive/Negative/Indeterminate/Not performed:22606}

Overseas Treatment for Presumptive Parasitic Infections (Guideline [Summary](#), [Intestinal Parasites](#), [Malaria](#)):

{Presumptive Treatment:22641}

Immunizations: {abstracted into Epic/not available:23004}

OME Vital Signs: {abstracted into Epic/not available:23004}

Other issues: \*\*\*

{If family is available, please go to the [Social History Section](#) and use: .REFUGEE MIGRATION HISTORY to document the migration history. Use Ctrl+Shift+M to return to the Progress Note.}

{Physical Exam (if patient present):27155}

Activities involved in Care Coordination: {activity:10272::"e-mail","form completion/paperwork","chart review","make appointments/scheduling","develop/modify care plan"}

Time spent on Care Coordination: {time:19478::"30-39 mins"}.

### Customization point

We recommend that institutions using the Two System Model customize the Pre-Visit "OME Abstraction" text to include information gathered at the prior institution.



## SmartLists

## Refugee Overseas Medical Exam (OM)

Birth Country: \*\*\*

Alien #: {Alien Number:27902}

Pre-Departure Overseas Medi \*\*\*

Note: For {Alien Number:27902}, the purpose of this SmartList with only a wildcard (\*\*\*) is to allow the data entered by the clinician to be captured in a SmartData Element. Thus, this SmartList must be *refreshable*.

Refugee Overseas Medical Exam (OME) Data:

{Refugee Class:22579}

Evaluation/treatment from

Refugee Overseas TB Evaluation

Resulting from OME (Interpre

Class 0

Class A Conditions: \*\*\*

Class B Conditions: \*\*\*

OME Not Available

\*\*\*

TB evaluation/treatment from OME (CDC Guidelines):

{Refugee Overseas TB Evaluation/Treatment:22583}

TB Testing from OME (Interpretation Guidelines) No TB

Hepatitis B surface Antigen from OME (CDC Guidelines):

{Positive/Negative/Indeterminate/Not performed}

RPR from OME (STI Screening Guidelines): {Positive/Negative/Indeterminate/Not performed}

Class A \*\*\* (Positive sputum smear or culture, require treatment overseas, but granted a waiver to travel.)

Class B1 \*\*\* (Either completed DOT for active TB or findings suggestive of tuberculosis but with negative AFB sputum smears and cultures.)

Class B2 \*\*\* (LTBI evaluation: TST &gt;=10 mm but evaluation otherwise negative)

Class B3 \*\*\* (Contact of a known TB case)

{OME TB Testing:22590}

Guidelines):

22606}

Positive/Negative/Indeterminate

None

Tuberculin skin test: \*\*\*mm

IGRA: {Positive/Negative/Indeterminate:22606}

CXR: {Positive/Negative/Indeterminate:22606}

\*\*\*

Hepatitis B surface Antigen from OME (CDC Guidelines):

{Positive/Negative/Indeterminate/Not performed:22606}

RPR from OME (STI Screening Guidelines): {Positive/Negative/Indeterminate/Not performed:22606}

Overseas Treatment for Presumptive Parasitic Infection

Positive {Please add to Problem List}

Negative

Indeterminate

Not performed

\*\*\*

RPR from OME (STI Screening Guidelines): {Positive/Negative/Indeterminate/Not performed:22606}

Overseas Treatment

Parasites, Malaria

{Presumptive Treatment}

Positive {Please add to Problem List}

Negative

Indeterminate

Not performed

\*\*\*

s (Guideline [Summary](#), [Int](#)

{Presumptive Treatment:22641}

Immunizations: {abstracted into

OME Vital Signs: {abstracted into

Other issues: \*\*\*

{If family is available, please go to the

None

Albendazole (200 mg PO ONCE on \*\*\*)

Albendazole (400 mg PO ONCE on \*\*\*)

Ivermectin (\*\*\*) mg PO DAILY for 2 days starting on \*\*\*)

Praziquantel (\*\*\*) mg PO {once/twice:20042} starting on \*\*\*)

Artemether-lumefantrine (\*\*\*) mg PO for 6 doses starting on \*\*\*)

Other: \*\*\*

Unknown

{Physical Exam (if patient present):27155}

Activities involved in Care Coordination: {a

Customization: It is recommended that you use your institution's physical exam templates here.

Other issues:

{If family is

.REFUGEE

to return to

{Physical Exam

Activities in

completion

care plan"

face-to-face

telephone

e-mail

form completion/paperwork

make appointments/scheduling

chart review

patient-focused learning

meeting/case conference

develop/modify care plan

translation services

\*\*\*

al History Section and use:

ment the migration history. Use Ctrl+Shift+M

activity:10272::"e-mail","form

ke appointments/scheduling","develop/modify

OME Vital Signs: {abstracted into Epic/not available:23004}

Other issues: \*\*\*

{If family is available, please go to the [Social History Section](#) and use:

.REFUGEE MIGRATION HISTORY to document the migration

to return to the Progress Note.}

{Physical Exam (if patient present):27155}

Activities involved in Care Coordination: {activity:10272::"e-mail","form

completion/paperwork","chart review", "make appointments/s

care plan"

Time spent on Care Coordination: {time:19478::"30-39 mins"}

5-9 mins

10-19 mins

20-29 mins

30-39 mins

40-49 mins

50-59 mins

60-69 mins

70-79 mins

80-89 mins

1.5-2 hours

2-3 hours

3-4 hours

4-5.5 hours

[Hyperlinks](#)

CDC Guidelines (TB):

<https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/tuberculosis-guidelines.html>

Interpretation Guidelines:

<https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/tuberculosis-guidelines.html#tst>

CDC Guidelines (Hep B): <https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/hepatitis-screening-guidelines.html#hbv>

STI Screening Guidelines: <https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/sexually-transmitted-diseases/medical-screening.html>

Summary of Overseas Guidelines:

<https://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/interventions/interventions.html>

Intestinal Parasites (from Overseas Guidelines):

<https://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/intestinal-parasites-overseas.html>

Malaria:

<https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/malaria-guidelines-domestic.html>

Social History Section: epicact:MR\_HISTORY,RunParams:STARTUPSECTION=MR\_HISTORY\_SEC\_SOCDOC

*Note: EpicAct is a native Epic function, but may not be utilized yet by your health system. References to EpicAct use are available on the Community UserWeb. Feel free to contact the CDS authors if there are issues activating *epicact* links.*

SmartText: Refugee OME Abstraction Not Available (ETX):

Overseas Medical Exam Not Available

## Migration History

### Section Comments:

Please go to the [Social History Section](#) and use: .REFUGEE\_SOCIALHISTORY to document the migration history if available. Use Ctrl+Shift+S to return to SmartSets.

.REFUGEE\_SOCIALHISTORY (synonyms: .REFUGEE\_MIGRATIONHISTORY)

#### Customization point

*Note: To support copy/paste between members of the same family during history taking, our institution opted to implement a Refugee Migration history without names and the generic 'they'. Other institutions may wish to adapt text. Text within the social history CANNOT be linked to SDEs. EPIC may restrict or prevent copying between charts, depending on configuration settings.*

### Refugee Migration History

{Refugee type:27157} from {country of nationality} originally resettled by {resettlement agency:15718} after moving to the US from {country of departure} on {arrival date}.

#### Pre-Arrival History:

They arrived in {current location} on {date} with their {mother/father/sisters/brothers/children:22642}. They {have/don't have:22643} family already in the area.

They moved here from \*\*\*, where they lived {for years/months/since birth:22645}. Lived with their {mother/father/sisters/brothers/children:22642} in a {safe/unsafe:22646} area, {school/work history:22669}, and {received/did not receive:22676} routine healthcare.

{Use .REFUGEE\_MOVE to repeat block above for additional moves prior to arriving here, if indicated per clinic protocol}

{Refugee Migration - Language & Literacy:23204}

#### .REFUGEE\_MOVE

Moved to \*\*\* from \*\*\*, where they lived {for years/months/since birth:22645}. Lived with their {mother/father/sisters/brothers/children:22642} in a {safe/unsafe:22646} area, {school/work history:22669}, and {received/did not receive:22676} routine healthcare.

## Language & Literacy

{Refugee Migration - Language & Literacy:23204} opens child and/or adult literacy SmartTexts. These SmartTexts can also be accessed by using the following SmartPhrases:

.refugeeliteracychild	.refugeeliteracyadult
.refugeechildlanguage	.refugeeadultlanguage
.refugeechildliteracy	.refugeeadultliteracy

### Child Language & Literacy

#### Language Background:

Parents/guardians in the US speak the following languages proficiently: \*\*\*. Their preferred language is \*\*\*.

The child speaks {the same language(s) as parents / the following languages:22677}. The child's preferred language is \*\*\*.

#### Literacy/Parent Education:

Parents/guardians in the US {can/cannot:22681} read in {any language/\*\*:22699}.

The child {can/cannot:22681} read in {any language/\*\*:22699}.

School/Work: The child {current school/work:22644}.

### Adult Language & Literacy

#### Language Background:

Speaks the following languages proficiently: \*\*\*. Preferred language is \*\*\*.

#### Literacy/Parent Education:

The patient {can/cannot:22681} read in {any language/\*\*:22699}.

School/Work: The patient {current school/work:22644}.

#### SmartLists:

{Refugee type:27157} from {country of nationality} agency} after moving

#### Pre-Arrival History

They arrived in {current country of residence} as {Refugee type:27157} {mother/father/sisters/brothers/children:22642} already in the area.

Refugee
SIV
Asylee
Asylum-Seeker
Refugee secondary migrant
***

originally resettled by {resettlement agency:15718} after moving to the US from {country of departure}

their {mother/father/sisters/brothers/children:22642}.

HIAS and Council (Hebrew Immigrant Aid Society)
NSC (Nationalities Service Center)
LCFS (Lutheran Children and Family Services)
***

Customization point: Add the resettlement agencies that work with the most refugees at your institution to the list and remove agencies that you do not work with.

{mother/father/sisters/brothers/children:22642}. They {have/already in the area.

They moved here from \*\*\* where they lived {for \*\*\* years} with their {mother/father/sisters/brothers/children:22642} {school/work history:22669}, and {received/did not receive:22670}.

mother
father
*** sisters
*** brothers
*** children
***

They moved here from \*\*\*, where they lived {for years/months/since birth:22645}. Lived with their {mother/father/sisters/brothers/children:22642} in a {safe/unsafe:22646} for \*\*\* years {school/work history:22669}, and {received/did not receive:22676} routine healthcare for \*\*\* months since birth \*\*\*

{Use .REFUGEE MOVE to repeat block above for additional moves prior to arriving

with their {mother/father/sisters/brothers/children:22642} in a {safe/unsafe:22646} and {school/work history:22669}, and {received/did not receive:22676} routine healthcare.

{Use .REFUGEE MOVE to repeat block above for additional moves prior to arriving here if indicated per clinic protocol

{Refugee Migration - Language

attended school and completed grade \*\*\*  
did not attend school  
worked as a \*\*\*  
did not work  
\*\*\*

{Refugee Migration - Language & Literacy:23204}

{Child Language & Literacy:TXT,17265}  
{Adult Language & Literacy:TXT,17267}  
\*\*\*

#### Language Background:

Parents/guardians in the US speak the following languages proficiently: \*\*\*. Their preferred language is \*\*\*.

The child speaks {the same language(s) as parents / the following languages:22677}.

The child's preferred language is \*\*\*.

{the same language(s) as {LNK,HIS} parents  
the following language(s) proficiently: \*\*\*  
\*\*\*

#### Literacy/Parent Education:

#### Literacy/Parent Education:

Parents/guardians in the US {can/cannot:22681} read in {any language/\*\*:22699}

The child {can/cannot:22681} read in {any language/\*\*:22699}.

School/Work: The child {current school/work:22644}.

is registered for school  
is not registered for school  
works as a \*\*\*  
is looking for work  
is not looking for work  
\*\*\*

#### Hyperlinks:

Social History Section: epicact:MR\_HISTORY,RunParams:STARTUPSECTION=MR\_HISTORY\_SEC\_SOCDOC

## Standing Labs

### Overview:

This Section includes 7 different SmartGroups for standing labs, of which only ONE is displayed per patient based on age and gender.

For demonstration purposes only, the image below shows all the included labs as well as the criteria (e.g. urine Pregnancy test is only if female and  $\geq 12$  years old).

REFUGEE PRE-VISIT STANDING LABS		
<input checked="" type="checkbox"/>	Amb Order: CBC,Platelet With Differential	<a href="#">Routine, Lab Collect, Expires: S+365</a>
<input checked="" type="checkbox"/>	Amb Order: Hepatitis B virus panel: SAg	<a href="#">Routine, Lab Collect, Expires: S+365</a>
<input checked="" type="checkbox"/>	Amb Order: Hepatitis B Total Core AB	<a href="#">Routine, Lab Collect, Expires: S+365</a>
<input checked="" type="checkbox"/>	Amb Order: Hepatitis B Surface Antibody	<a href="#">Routine, Lab Collect, Expires: S+365</a>
<input checked="" type="checkbox"/>	Amb Order: (HIV Screening) HIV Antigen/Antibody Combo	<a href="#">Routine, Lab Collect, Expires: S+365</a>
<input checked="" type="checkbox"/>	Amb Order: Lead (venous)	<a href="#">Routine, Lab Collect, Expires: S+365, CRITERIA: 6 months - 16 years</a>
<input checked="" type="checkbox"/>	Amb Order: TB INTRADERMAL TEST	<a href="#">Routine, Expires: S+365, CRITERIA: <math>&gt;6mo</math> &amp; <math>&lt;5yo</math></a>
<input checked="" type="checkbox"/>	Amb Order: Quantiferon Gold	<a href="#">Routine, Lab Collect, Expires: S+365, CRITERIA: <math>\geq 5yo</math></a>
<input checked="" type="checkbox"/>	Amb Order: Urine Pregnancy Test(Office)	<a href="#">Routine, CRITERIA: Female &amp; <math>\geq 12</math> years old</a>
<input checked="" type="checkbox"/>	Amb Order: C.Trachomatis/N.Gonorrhoeae	<a href="#">Routine, Office Collect, Expected: S, Expires: S+365, Urine, Urine, CRITERIA: Appear for all kids <math>\geq 12yo</math></a>

### Customization point

**IMPORTANT: Because of local considerations in the population, many institutions have additional standing labs that they get on all refugee patients even if those labs are not currently in the CDC Refugee Health Guidelines. Please work with your local clinician to determine if any additional labs should be added to the Standing Labs sections.**

Timing and age-ranges for HIV, urine pregnancy, and C. Trachomatis/N. Gonorrhoeae testing may vary between institutions. Please adjust as necessary in the SmartGroups below.

### Map to Reference Information Model:

CHOP Order Name	Standard	Code
CBC,Platelet With Differential	LOINC	69742-5
Hepatitis B virus panel: SAg	LOINC	58452-4
Hepatitis B Total Core AB	LOINC	22316-4
Hepatitis B Surface Antibody	LOINC	16935-9
(HIV Screening) HIV Antigen/Antibody	LOINC	56888-1
Lead (venous)	LOINC	77307-7
TB INTRADERMAL TEST	LOINC	23537-4
Quantiferon Gold	LOINC	53704-3
Urine Pregnancy Test(Office)	LOINC	2106-3
C. Trachomatis/N.Gonorrhoeae	LOINC	44806-8

### Section Comments:

None

## Under 6 months:

Pre-Visit Standing Labs		
<input checked="" type="checkbox"/>	Amb Order: CBC,Platelet With Differential-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: Hepatitis B Surface Antigen-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: Hepatitis B Total Core AB-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: Hepatitis B Surface Antibody-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: HIV Antigen/Antibody-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: Quantiferon Gold-COMBO	Routine, Office Collect, Expected: Today, Expires: 1 Year, Per CHOP protocol
<input type="checkbox"/>	Amb Order: Lead Venous Blood-COMBO	Routine, Office Collect, Expires: 1 Year
<input type="checkbox"/>	Amb Order: TB INTRADERMAL TEST	Routine, Back Office, Expires: 1 Year
<input type="checkbox"/>	Amb Order: Urine Pregnancy Test(Office)	Routine, Back Office, Expected: Today, Expires: 3 Months, Urine, Urine
<input type="checkbox"/>	Amb Order: C.Trachomatis/N.Gonorrhoeae	Routine, Office Collect, Expected: Today, Expires: 1 Year, Urine, Urine

## Customization point

CHOP Protocol is to check an IGRA (currently QuantiFERON-TB Gold) for all ages at the pre-visit. CDC guidelines recommend a TB skin test (TB Intradermal Test) for this age group.

## 6 months through 4 years:

Pre-Visit Standing Labs		
<input checked="" type="checkbox"/>	Amb Order: CBC,Platelet With Differential-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: Hepatitis B Surface Antigen-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: Hepatitis B Total Core AB-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: Hepatitis B Surface Antibody-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: HIV Antigen/Antibody-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: Lead Venous Blood-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: Quantiferon Gold-COMBO	Routine, Office Collect, Expected: Today, Expires: 1 Year, Blood, Blood, Per CHOP protocol
<input type="checkbox"/>	Amb Order: TB INTRADERMAL TEST	Routine, Back Office, Expires: 1 Year
<input type="checkbox"/>	Amb Order: Urine Pregnancy Test(Office)	Routine, Back Office, Expected: Tomorrow, Expires: 1 Year
<input type="checkbox"/>	Amb Order: C.Trachomatis/N.Gonorrhoeae	Routine, Office Collect, Expected: Today, Expires: 1 Year, Urine, Urine

## Customization point

CHOP Protocol is to check an IGRA (currently QuantiFERON-TB Gold) for all ages at the pre-visit. CDC guidelines recommend a TB skin test (TB Intradermal Test) for this age group.



## 5 years through 11 years:

Pre-Visit Standing Labs		
<input checked="" type="checkbox"/>	Amb Order: CBC,Platelet With Differential-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: Hepatitis B Surface Antigen-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: Hepatitis B Total Core AB-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: Hepatitis B Surface Antibody-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: HIV Antigen/Antibody-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: Lead Venous Blood-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: Quantiferon Gold-COMBO	Routine, Office Collect, Expected: Today, Expires: 1 Year, Blood, Blood
<input type="checkbox"/>	Amb Order: TB INTRADERMAL TEST	Routine, Back Office, Expected: Tomorrow, Expires: 1 Year
<input type="checkbox"/>	Amb Order: Urine Pregnancy Test(Office)	Routine, Back Office, Expected: Today, Expires: 1 Year
<input type="checkbox"/>	Amb Order: C.Trachomatis/N.Gonorrhoeae	Routine, Office Collect, Expected: Today, Expires: 1 Year, Urine, Urine

## 12 years through 16 years AND Female:

Pre-Visit Standing Labs		
<input checked="" type="checkbox"/>	Amb Order: CBC,Platelet With Differential-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: Hepatitis B Surface Antigen-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: Hepatitis B Total Core AB-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: Hepatitis B Surface Antibody-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: HIV Antigen/Antibody-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: Lead Venous Blood-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: Quantiferon Gold-COMBO	Routine, Office Collect, Expected: Today, Expires: 1 Year, Blood, Blood
<input checked="" type="checkbox"/>	Amb Order: Urine Pregnancy Test(Office)	Routine, Back Office, Expected: Tomorrow, Expires: 1 Year, Urine, Urine
<input checked="" type="checkbox"/>	Amb Order: C.Trachomatis/N.Gonorrhoeae	Routine, Office Collect, Expected: Today, Expires: 1 Year, Urine, Urine
<input type="checkbox"/>	Amb Order: TB INTRADERMAL TEST	Routine, Back Office, Expires: 1 Year

## 12 years through 16 years AND Male:

Pre-Visit Standing Labs		
<input checked="" type="checkbox"/>	Amb Order: CBC,Platelet With Differential-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: Hepatitis B Surface Antigen-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: Hepatitis B Total Core AB-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: Hepatitis B Surface Antibody-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: HIV Antigen/Antibody-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: Lead Venous Blood-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: Quantiferon Gold-COMBO	Routine, Office Collect, Expected: Today, Expires: 1 Year, Blood, Blood
<input checked="" type="checkbox"/>	Amb Order: C.Trachomatis/N.Gonorrhoeae	Routine, Office Collect, Expected: Today, Expires: 1 Year, Urine, Urine
<input type="checkbox"/>	Amb Order: TB INTRADERMAL TEST	Routine, Back Office, Expected: Tomorrow, Expires: 1 Year

## 17 years and older AND Female:

Pre-Visit Standing Labs		
<input checked="" type="checkbox"/>	Amb Order: CBC,Platelet With Differential-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: Hepatitis B Surface Antigen-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: Hepatitis B Total Core AB-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: Hepatitis B Surface Antibody-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: HIV Antigen/Antibody-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: Quantiferon Gold-COMBO	Routine, Office Collect, Expected: Today, Expires: 1 Year, Blood, Blood
<input checked="" type="checkbox"/>	Amb Order: Urine Pregnancy Test(Office)	Routine, Back Office, Expected: Today, Expires: 1 Year, Urine, Urine
<input checked="" type="checkbox"/>	Amb Order: C.Trachomatis/N.Gonorrhoeae	Routine, Office Collect, Expected: Today, Expires: 1 Year, Urine, Urine
<input type="checkbox"/>	Amb Order: Lead Venous Blood-COMBO	Routine, Office Collect, Expires: 1 Year
<input type="checkbox"/>	Amb Order: TB INTRADERMAL TEST	Routine, Back Office, Expected: Today, Expires: 1 Year

## 17 years and older AND Male:

Pre-Visit Standing Labs		
<input checked="" type="checkbox"/>	Amb Order: CBC,Platelet With Differential-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: Hepatitis B Surface Antigen-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: Hepatitis B Total Core AB-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: Hepatitis B Surface Antibody-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: HIV Antigen/Antibody-COMBO	Routine, Office Collect, Expires: 1 Year
<input checked="" type="checkbox"/>	Amb Order: Quantiferon Gold-COMBO	Routine, Office Collect, Expected: Today, Expires: 1 Year, Blood, Blood
<input checked="" type="checkbox"/>	Amb Order: C.Trachomatis/N.Gonorrhoeae	Routine, Office Collect, Expected: Today, Expires: 1 Year, Urine, Urine
<input type="checkbox"/>	Amb Order: Lead Venous Blood-COMBO	Routine, Office Collect, Expires: 1 Year
<input type="checkbox"/>	Amb Order: TB INTRADERMAL TEST	Routine, Back Office, Expires: 1 Year

## Additional Labs for CHOP Patients:

Additional Labs For CHOP Patients		
<input checked="" type="checkbox"/>	Amb Order: Vitamin D 25 OH-COMBO	Routine, Office Collect, Expected: Today, Expires: 1 Year, Blood, Blood
<input checked="" type="checkbox"/>	Amb Order: RPR Qualitative w/Rflx Titer-COMBO	Routine, Office Collect, Expected: Today, Expires: 1 Year, Blood
<input checked="" type="checkbox"/>	Amb Order: VZV IgG Serology-COMBO	Routine, Office Collect, Expected: Today, Expires: 3 Months, Blood, Blood
<input checked="" type="checkbox"/>	Amb Order: Hepatitis A IgG Antibody	Routine, Office Collect, Expected: Tomorrow, Expires: 3 Months, Blood, Blood
<input checked="" type="checkbox"/>	Amb Order: Hepatitis C Antibody-COMBO	Routine, Office Collect, Expected: Today, Expires: 1 Year, Blood
<input checked="" type="checkbox"/>	Amb Order: G6PD Screen w/reflex to Quant	Routine, Office Collect, Expected: Today, Expires: 3 Months, Blood, Blood

## Customization point

Customization: Reflecting the needs of our most common newly arrived refugee populations, CHOP Protocol is to check the labs above on all children. If there are additional standing labs ordered on most or all patients at your organization, use this type of section to add them in. For additional information on Hepatitis A vaccination and testing for susceptibility, see *MMWR* May 19, 2006 / 55(RR07);1-23.

## Map to Reference Information Model:

CHOP Order Name	Standard	Code
Vitamin D 25 OH-COMBO	LOINC	1649-3
RPR Qualitative w/Rflx Titer-COMBO	LOINC	20507-0, reflex to 31147-2 if positive
VZV IgG Serology-COMBO	LOINC	19162-7
Hepatitis A IgG Antibody	LOINC	32018-4
Hepatitis C Antibody-COMBO	LOINC	16128-1
G6PD Screen w/reflex to Quant	LOINC	2357-2

## Additional Labs

### Overview:

This section includes optional labs that may be indicated based on the patient's history. They are NOT pre-checked. There are no age/gender restrictors. The orders are split into two groups:

- 1) Supplemental Pre-Visit Labs to Consider if not Already Addressed in Overseas Documentation
  - a. These labs test are for issues that should have been addressed in overseas documentation for all patients. These labs should be ordered only if they were *not* addressed in overseas documentation.
- 2) Additional labs based on pre-visit exposures and history.
  - a. These lab tests are likely to have not been address in overseas documentation and may be needed if there are medical conditions to consider.

### Section Comments:

#### CDC Domestic Medical Exam Screening Guidelines

#### Global Schistosomiasis Atlas

### Hyperlinks:

CDC Domestic Medical Exam Screening Guidelines:

<https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/domestic-guidelines.html>

Global Schistosomiasis Atlas: [http://www.who.int/schistosomiasis/epidemiology/global\\_atlas\\_maps/en/](http://www.who.int/schistosomiasis/epidemiology/global_atlas_maps/en/)

### Supplemental Pre-Visit Labs to Consider if not Already Addressed in Overseas Documentation

Supplemental Pre-Visit Labs To Consider if not Already Addressed in Overseas Documentation		Edit SmartGroup
<input type="checkbox"/> Amb Order: Strongyloides Antibody IGG	Routine, Office Collect, Expected: Today Approximate, Expires: 1 Year, Consider in refugees who did not receive presumptive treatment (alternatively, US-based presumptive treatment is acceptable)	
<input type="checkbox"/> Amb Order: Schistosoma Antibody, IgG-Q	Routine, Quest, Expected: Today Approximate, Expires: 1 Year, Consider in refugees who did not receive presumptive treatment and patient is from schistosomiasis endemic region, see link above (alternatively, US-based presumptive treatment is acceptable).	
<input type="checkbox"/> Amb Order: Blood parasite exam	Routine, Office Collect, Expected: Today Approximate, Expires: 1 Year, Consider in refugees who did not receive presumptive treatment and patient is from Sub-Saharan Africa (alternatively, US-based presumptive treatment is acceptable).	
<input type="checkbox"/> Amb Order: Ova and parasites	Routine, Office Collect, Expires: 6 Months, Auto-release, Interval: Three times a Week, Count: 3, Stool, Stool, Consider in refugees who did not receive presumptive treatment (US-based presumptive treatment is an alternative).	
<input type="checkbox"/> Amb Order: RPR Qualitative w/Rflx Titer	Routine, Office Collect, Expected: Today Approximate, Expires: 1 Year, Consider if no screening documented in overseas paperwork.	
<input type="checkbox"/> Amb Order: VZV IgG Serology	Routine, Office Collect, Expected: Today Approximate, Expires: 1 Year, Consider for refugees with no documented varicella vaccination (vaccination in the US is an alternative).	

### Map to Reference Information Model:

CHOP Order Name	Standard	Code
Strongyloides Antibody IGG	LOINC	34376-4
Schistosoma Antibody, IgG-Q	LOINC	34306
Blood parasite exam	LOINC	32700-7
Ova and parasites	LOINC	26885-4
RPR Qualitative w/Rflx Titer	LOINC	20507-0, reflex to 31147-2 if positive
VZV IgG Serology	LOINC	19162-7

## Additional Labs Based on Individual Exposures and History:

Additional Labs Based on Individual Exposures and History		
<input type="checkbox"/> Amb Order: Hepatitis C Antibody-COMBO	Routine, Office Collect, Expected: Today, Expires: 1 Year	
<input type="checkbox"/> Amb Order: Rapid Cryptosporidium/Giardia antigen-COMBO	Routine, Office Collect, Expected: Today, Expires: 1 Year	
<input type="checkbox"/> Amb Order: Basic Metabolic Panel-COMBO	Routine, Office Collect, Expected: Today, Expires: 1 Year	
<input type="checkbox"/> Amb Order: Uric Acid (Bld)-COMBO	Routine, Office Collect, Expected: Today, Expires: 1 Year, Blood, Blood, For Hmong refugees	
<input type="checkbox"/> Amb Order: Hepatic Function Panel	Routine, Office Collect, Expected: Today, Expires: 1 Year	
<input type="checkbox"/> Amb Order: Lipid Panel-COMBO	Routine, Office Collect, Expected: Today, Expires: 1 Year, Blood, Blood	
<input type="checkbox"/> Amb Order: Hemoglobin A1C-COMBO	Routine, Office Collect, Expected: Today, Expires: 1 Year, Blood, Blood	
<input type="checkbox"/> Amb Order: Vitamin D 25 OH-COMBO	Routine, Office Collect, Expected: Today, Expires: 1 Year	
<input type="checkbox"/> Amb Order: Urinalysis Rflx to Microscopic-COMBO	Routine, Office Collect, Expires: 1 Year	
<input type="checkbox"/> Amb Order: Vitamin B12 Level-COMBO	Routine, Office Collect, Expected: Today Approximate, Expires: 1 Year, For refugees with predominantly vegan diet	
<input type="checkbox"/> Amb Order: NBS PA Supplemental - Initial	Routine, Office Collect, Expected: Today, Expires: 1 Year, Patient born outside the United States - please add this to the newborn screen card.	
<input type="checkbox"/> Amb Order: Thyroid Stimulating Hormone-COMBO	Routine, Office Collect, Expected: Today, Expires: 1 Year, For malnourished patients, short stature, or clinical suspicion.	
<input type="checkbox"/> Amb Order: G6PD Screen w/reflex to Quant	Routine, Office Collect, Expected: Today, Expires: 1 Year	
<input type="checkbox"/> Amb Order: Anti-Tetanus Antibodies	Routine, Office Collect, Expires: 1 Year	
<input type="checkbox"/> Amb Order: Diphtheria Antibodies	Routine, Office Collect, Expires: 1 Year	
<input type="checkbox"/> Amb Order: Hepatitis A IgG Antibody	Routine, Office Collect, Expires: 1 Year	
<input type="checkbox"/> Amb Order: Measles IgG Serology-COMBO	Routine, Office Collect, Expires: 1 Year	
<input type="checkbox"/> Amb Order: Pneumococcal Abs, IgG-COMBO	Routine, Office Collect, Expires: 1 Year	
<input type="checkbox"/> Amb Order: Poliovirus Neutralization-COMBO	Routine, Office Collect, Expires: 1 Year	

Customization Point 1: The CDC recommends conducting infant metabolic screening for newborns, according to state guidelines. In practice, many states will allow newborn screening for older children born outside of the US. Sites may want to customize this order by adding it to the Standing Labs.

Customization Point 2: The CDC notes “immunizations administered outside the United States can be accepted as valid if the schedule was similar to that recommended in the United States.” However, “checking for laboratory evidence of immunity is an acceptable alternative for certain antigens when previous vaccination or exposure is likely.” Sites that routinely screen for laboratory evidence of immunity may decide to add these to the Standing Labs.

### Map to Reference Information Model:

CHOP Order Name	Standard	Code
Hepatitis C Antibody-COMBO	LOINC	16128-1
Rapid Cryptosporidium/Giardia antigen-COMBO	LOINC	49232-2
Basic Metabolic Panel-COMBO	LOINC	24321-2
Uric Acid (Bld)-COMBO	LOINC	3084-1
Hepatic Function Panel	LOINC	24325-3
Lipid Panel-COMBO	LOINC	24331-1
Hemoglobin A1C-COMBO	LOINC	41995-2
Vitamin D 25-OH-COMBO	LOINC	1649-3
Urinalysis Rflx to Microscopic-COMBO	LOINC	57020-0
Vitamin B12 Level-COMBO	LOINC	16695-9
NBS PA Supplemental – Initial	LOINC	State-dependent
Thyroid Stimulating Hormone-COMBO	LOINC	3016-3
G6PD Screen w/reflex to Quant	LOINC	2357-2
Anti-Tetanus Antibodies	LOINC	32775-9
Diphtheria Antibodies	LOINC	35348-2
Hepatitis A IgG Antibody	LOINC	32018-4
Measles IgG Serology-COMBO	LOINC	7962-4
Pneumococcal Abs, IgG-COMBO	LOINC	17647-9
Poliovirus Neutralization-COMBO	LOINC	42980-3

## Positive Tuberculin Skin Test (TST) or Interferon Gamma Receptor Assay (IGRA) from Overseas Medical Exam NOT Previously Treated

### Overview:

This section provides guidance for further testing of refugees with known positive tuberculin skin test (TST) or interferon-gamma release assay (IGRA) based on overseas testing without evidence of previous treatment for active or latent tuberculosis. This is NOT the step where providers would initiate treatment for latent tuberculosis infection.

### Section Comments:

[TST interpretation guidelines:](#)

Induration of  $\geq 5$  mm is considered positive in

- Refugees with HIV
- Refugees known to have been recently in close contact with someone with infectious TB
- Refugees with changes on chest X-ray consistent with prior TB
- Refugees with organ transplants and other immunosuppressed patients

Induration of  $\geq 10$  mm is considered positive in all refugees.

### **Tuberculosis Class B Classification**

Patients who arrive with a TB Class B1, B2, or B3 designation should be referred to the local public health department that manages tuberculosis regardless of their TST or IGRA results. This is important to make sure that a full and complete evaluation for TB is conducted and documented for all individuals arriving with a TB Class B designation.

[Consider Pyridoxine](#) in pregnant or breastfeeding patients or those with conditions associated with neuropathy.

**Please be sure that all household contacts are also screened for TB.**

[CDC Refugee Tuberculosis Guidelines](#)

[CDC LTBI Dosing Guidelines](#)

[Recommended Medical Follow-Up for TB Class B Arrivals](#)

### *Hyperlinks:*

TST Interpretation Guidelines:

<https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/tuberculosis-guidelines.html#tst>

Consider Pyridoxine:

<https://www.cdc.gov/tb/publications/ltbi/treatment.htm#adverseEffectsLTBI>

CDC Refugee Tuberculosis Guidelines:

<https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/tuberculosis-guidelines.html>

CDC LTBI Treatment Guidelines:

<https://www.cdc.gov/tb/topic/treatment/ltbi.htm>

Recommended Medical Follow-Up for TB Class B Arrivals:

<http://www.health.state.mn.us/divs/idepc/diseases/tb/hcp/classrecs.pdf>

## Asymptomatic:

Asymptomatic		
<input type="checkbox"/> Amb Order: XR CHEST 1VW AP OR PA	PA CXR is recommended for tuberculosis screening in refugees ages 10 and up.	
<input type="checkbox"/> Amb Order: XR Chest 2VW AP or PA & Lateral	Routine, Expected: Today, Expires: 1 Year, PA and lateral CXR is recommended for tuberculosis screening in refugees under age 10.	
<input type="checkbox"/> Amb Order: Hepatic Function Panel-COMBO	Routine, Office Collect, Expected: Today, Expires: 1 Year	

### Map to Reference Information Model:

CHOP Order Name	Standard	Code
XR CHEST 1VW AP OR PA	LOINC	36572-6 or 24648-8
XR Chest 2VW AP or PA & Lateral	LOINC	36687-2 or 42272-5
Hepatic Function Panel-COMBO	LOINC	24325-3

## Positive Hepatitis B Surface Antigen from Overseas Medical Exam

### Overview:

This section provides guidance for further evaluation of refugees with positive hepatitis B surface antigen testing (and likely chronic hepatitis B infection) from the overseas medical exam.

### Section Comments:

[Interpretation of serologic test results for hepatitis B](#)

[Case definition for chronic hepatitis B](#)

[Multilingual Hepatitis B Patient Instructions](#)

### Hyperlinks:

Interpretation of serologic test results for hepatitis B:

<https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/hepatitis-screening-guidelines.html#table1>

Case definition of chronic hepatitis B:

<https://www.cdc.gov/nndss/conditions/hepatitis-b-chronic/case-definition/2012/>

Multilingual Hepatitis B Patient Instructions

<https://ethnomed.org/patient-education/hepatitis>

## Positive Hepatitis B Antigen from OME

Positive Hepatitis B Antigen from OME		
<input type="checkbox"/>	Amb Order: Hepatitis Be Antigen-COMBO	Routine, Office Collect, Expires: 1 Year
<input type="checkbox"/>	Amb Order: Hepatitis Be Antibody-COMBO	Routine, Office Collect, Expires: 1 Year
<input type="checkbox"/>	Amb Order: Hepatitis B Virus DNA Quant-COMBO	Routine, Office Collect, Expires: 1 Year
<input type="checkbox"/>	Amb Order: Hepatic Function Panel-COMBO	Routine, Office Collect, Expires: 1 Year
<input type="checkbox"/>	Amb Order: US Abd RUQ - GB Liv Panc only	Routine, Expected: Today, Expires: 1 Year
<input type="checkbox"/>	Amb Order: Hepatitis A IgM Antibody-COMBO	Routine, Office Collect, Expected: Today, Expires: 1 Year
<input type="checkbox"/>	Amb Order: Hepatitis A IgG Antibody	Routine, Office Collect, Expected: Today, Expires: 1 Year
<input type="checkbox"/>	Amb Order: Hepatitis C Antibody-COMBO	Routine, Office Collect, Expected: Today, Expires: 1 Year

### Map to Reference Information Model:

CHOP Order Name	Standard	Code
Hepatitis Be Antigen-COMBO	LOINC	31845-1
Hepatitis Be Antibody-COMBO	LOINC	22321-4
Hepatitis B Virus DNA Quant-COMBO	LOINC	29610-3
Hepatic Function Panel-COMBO	LOINC	24325-3
US Abd RUQ – GB Liv Panc only	LOINC	24532-4
Hepatitis A IgM Antibody-COMBO	LOINC	22314-9
Hepatitis A IgG Antibody	LOINC	32018-4
Hepatitis C Antibody-COMBO	LOINC	16128-1

## Diagnoses

### Overview:

List of diagnoses for Pre-Visit; Includes 3 pre-checked diagnoses, additional diagnoses that automatically associate if more labs are ordered.

### Section Comments:

None

### Pre-Visit Diagnoses:

Pre-visit Diagnoses		
<input checked="" type="checkbox"/>	<b>Dx: Encounter for screening for infectious and parasitic diseases, unspecified [Z11.9]</b>	Diagnosis summary.
<input checked="" type="checkbox"/>	<b>Dx: Language barrier, cultural differences [Z60.3]</b>	Diagnosis summary.
<input checked="" type="checkbox"/>	<b>Dx: Screening for tuberculosis [Z11.1]</b>	Diagnosis summary.
<input type="checkbox"/>	<b>Dx: Screening for endocrine, nutritional, metabolic and immunity disorder [Z13.29, Z13.21, Z13.228, Z13.0]</b>	Diagnosis summary.
<input type="checkbox"/>	<b>Dx: Routine screening for STI (sexually transmitted infection) [Z11.3]</b>	Diagnosis summary.
<input type="checkbox"/>	<b>Dx: Incomplete immunization status [Z91.89]</b>	Diagnosis summary.
<input type="checkbox"/>	<b>Dx: Screening for lead poisoning [Z13.88]</b>	Diagnosis summary.
<input type="checkbox"/>	<b>Dx: Encounter for pregnancy test [Z32.00]</b>	Diagnosis summary.

### Map to Reference Information Model:

CHOP Diagnosis Name (ICD-10)	Standard	Code
Encounter for screening for infectious and parasitic diseases, unspecified		C0420163
Language barrier, cultural differences	UMLS	C0237167
Screening for Tuberculosis	UMLS	C0420004
Screening for endocrine, nutritional, metabolic and immunity disorder	UMLS	C0420024, C1444540
Routine screening for STI (sexually transmitted infection)	UMLS	C1319898
Incomplete immunization status	UMLS	C0474241
Screening for lead poisoning	UMLS	C0202399
Encounter for pregnancy test	UMLS	C0032976



## Level of Service

### Section Comments:

None

### Overview:

Pre-Visit coded as “No Charge” as a provider (MD, DO, PA, or NP) generally has not seen the patient. In some situations, the patient arrives for a Pre-Visit or Nursing Visit and then due to acute issues, the provider sees the patient for a full Domestic Medical Exam. In that case, the provider should uncheck the Level Of Service and Follow-Up from the Pre-Visit SmartSet before signing, then open the Domestic Medical Exam SmartSet to complete the visit. Sites may also change the level of service based on their own internal rules and arrangements with payors.

### Chief Complaint:

Chief Complaint: Overseas Medical Exam Documentation	
<input checked="" type="checkbox"/>	Chief Complaint: Chief Complaint: Overseas Medical Exam Documentation <span>Chief Complaint summary.</span>

### Level Of Service:

Level of Service (Single Response)	
<input checked="" type="checkbox"/>	LOS Code: [100001] No Charge <span>LOS Code summary.</span>

Customization: Pre-Visit coded as “No Charge” as a provider (MD, DO, PA, or NP) generally has not seen the patient. Centers with workflows that do include a provider visit or have a different billing policy should adjust this locally.

## Follow-Up

### Section Comments:

None

### Overview:

Follow-up with scheduled Domestic Medical Exam. In some situations, the patient arrives for a Pre-Visit or Nursing Visit and then due to acute issues, the provider sees the patient for a full Domestic Medical Exam. In that case, the provider should uncheck the Level Of Service and Follow-Up from the Pre-Visit SmartSet before signing, then open the Domestic Medical Exam SmartSet to complete the visit.

### Follow-Up:

Follow-Up	
<input checked="" type="checkbox"/>	<b>Follow-up: Domestic Medical Exam as scheduled</b> Follow-up summary.

# Domestic Medical Exam SmartSet

Refugee Domestic Medical Exam ↗

## ▼ Instructions

[Instructions for the Refugee Domestic Medical Exam](#)

For standing orders for a new refugee please see the Refugee Pre-Visit Order Set. This will only be needed if no pre-visit testing has been performed.

## ▼ Documentation

### ▼ New Refugee

☒ Refugee Domestic Medical Exam Documentation

## ▶ Additional Labs

## ▼ Tuberculosis Testing Followup

[TST interpretation guidelines.](#)

Induration of **≥ 5 mm** is considered positive in

- Refugees with HIV
- Refugees known to have been recently in close contact with someone with infectious TB
- Refugees with changes on chest X-ray consistent with prior TB
- Refugees with organ transplants and other immunosuppressed patients

Induration of **≥ 10 mm** is considered positive in all refugees.

### Tuberculosis Class B Classification

Patients who arrive with a TB Class B1, B2, or B3 designation should be referred to the local public health department that manages tuberculosis regardless of their TST or IGRA results. This is important to make sure that a full and complete evaluation for TB is conducted and documented for all individuals arriving with a TB Class B designation.

Please be sure that all household contacts are also screened for TB.

[Consider Pyridoxine](#) in pregnant or breastfeeding patients or those with conditions associated with neuropathy.

[CDC Tuberculosis Guidelines](#)

[CDC LTBI Guidelines](#)

[CDC LTBI Dosing Guidelines](#)

[Recommended Medical Follow-Up for TB Class B Arrivals](#)

▶ Asymptomatic: Positive test and no symptoms click for more

▶ Symptomatic: Positive test and symptoms click for more

## ▼ Positive Hep B Surface Antigen

[Interpretation of serologic test results for hepatitis B](#)

[Case definition for chronic hepatitis B](#)

[Multilingual Hepatitis B Patient Instructions](#)

▶ Supplemental Screening For Hepatitis B Patients click for more

## ▼ Anti-Parasitic Treatment & Testing

[CDC Guidelines for Presumptive Treatment of Parasitic Infections](#)

▶ Soil-transmitted helminths click for more

▶ Strongyloidiasis click for more

▶ Schistosomiasis (from Sub-Saharan Africa only) click for more

▶ Malaria (from Malaria endemic region) click for more

## ▼ Asymptomatic Eosinophilia

[Management of parasitic infection for asymptomatic refugees who received complete pre-departure therapy](#)

[CDC Guidelines for Persistent Eosinophilia](#)

[CDC Presumptive Treatment Recommendations by Location](#)

Please ensure that the patient has completed presumptive treatment before checking for persistent eosinophilia or searching for alternative causes.

▶ Follow-up testing click for more

## ▼ Hyperreactive Malaria Splenomegaly (HMS) syndrome (Congolese Refugees)

[CDC Guideline for Hyperreactive Malaria Splenomegaly \(HMS\) syndrome](#)

[Dosing recommendations for malaria \(see last paragraph\)](#)

▶ Hyperreactive Malaria Splenomegaly (HMS) Syndrome (Congolese Refugees) click for more

## ▼ Nutritional Supplements

[Guidance on fluoride supplements](#)

▶ Refugee Nutrition Supplements click for more

## ▼ Elevated Lead Follow Up

[Philadelphia Department of Health Lead Guidelines](#)

[CT Department of Health Multi-Lingual Lead Resources](#)

▶ Elevated Lead Testing click for more

## ▼ Diagnoses

### ▼ Basic Diagnoses

☒ Encounter for well child exam with abnormal findings [Z00.121]

☒ Health examination of defined subpopulation [Z02.89]

☒ Encounter for screening for infectious and parasitic diseases, unspecified [Z11.9]

☒ Language barrier, cultural differences [Z60.3]

☐ Encounter for routine child health examination without abnormal findings [Z00.129]

☐ Screening for endocrine, nutritional, metabolic and immunity disorder [Z13.29, Z13.21, Z13.228, Z13.0]

☐ Incomplete immunization status [Z91.89]

▶ Additional Diagnoses click for more

## ▼ Patient Instructions

### ▼ Patient Instructions

☒ Refugee DME Patient Instructions

## ▼ Level of Service

[Level of Service Guidance for Refugee Initial Visits \(How to do a New Patient Well and Sick Visit within a single note\)](#)

### ▼ Level of Service

☒ New Patient Visit, Preventative, 5-11 year (99383)

## ▼ Follow Up

### ▼ Follow up

☐ Other (right click HERE to edit)

☒ Follow up, as needed

*Note: The image above is a full display of the Domestic Medical Exam SmartSet as it would appear for a 9 year old Female. At different ages and with different genders, different elements may dynamically appear.*

## Documentation

### Overview:

The Documentation section of the Refugee DME SmartSet contains 9 different note templates that dynamically populate based on age and gender. Dynamic sections are as follows:

1. Age <2 years
  - Vitals: Contains head circumference; uses length not height uses weight-for-age
  - Development: Contains Full Development Screen
  - Dental Health: Discusses fluoride application and prescription
  - Sexual Health: Omitted
  - Letters: Targeted to age group
2. Age 2-5 years
  - Vitals: Does not contain head circumference; includes BMI%tile
  - Development: Contains Full Development Screen
  - Dental Health: Discusses fluoride application and prescription
  - Sexual Health: Omitted
  - Letters: Targeted to age group
3. Age 6-11 years
  - Vitals: Does not contain head circumference; includes BMI%tile
  - Development: Has limited developmental screen
  - Dental Health: Does not discuss fluoride application and prescription
  - Sexual Health: Omitted
  - Letters: Targeted to age group
4. Age 12-15 years, female
  - Vitals: Does not contain head circumference, includes BMI%tile
  - Development: Asks patient about development (limited screen) rather than parent
  - Dental Health: Does not discuss fluoride application and prescription
  - Sexual Health: Contains pregnancy and obstetrics questions; contains an adolescent screening section
  - Letters: Targeted to age group
5. Age 16-20 years, female
  - Vitals: Does not contain head circumference, includes BMI%tile
  - Development: Asks patient about development (limited screen) rather than parent
  - Dental Health: Does not discuss fluoride application and prescription
  - Sexual Health: Contains pregnancy and obstetrics questions; contains an adolescent screening section
  - Letters: Targeted to age group
6. Age >20 years, female
  - Vitals: Does not contain head circumference, includes BMI
  - Development: Asks patient about development (limited screen) rather than parent

- Dental Health: Does not discuss fluoride application and prescription
  - Sexual Health: Contains pregnancy and obstetrics questions; contains a sexual health and substance use screening section
  - Letters: Targeted to age group
7. Age 12-15 years, male
- Vitals: Does not contain head circumference, includes BMI%tile
  - Development: Asks patient about development (limited screen) rather than parent
  - Dental Health: Does not discuss fluoride application and prescription
  - Sexual Health: contains an adolescent screening section
  - Letters: Targeted to age group
8. Age 16-20 years, male
- Vitals: Does not contain head circumference, includes BMI%tile
  - Development: Asks patient about development (limited screen) rather than parent
  - Dental Health: Does not discuss fluoride application and prescription
  - Sexual Health: contains an adolescent screening section
  - Letters: Targeted to age group
9. Age >20 years, male
- Vitals: Does not contain head circumference, includes BMI
  - Development: Asks patient about development (limited screen) rather than parent
  - Dental Health: Does not discuss fluoride application and prescription
  - Sexual Health: Contains a sexual health and substance use screening section
  - Letters: Targeted to age group

We present the Content of all 9 Note Templates with their associated age restrictions, followed by a description of all SmartLists, SmartLinks, and Hyperlink.

#### Section Comments:

None

#### Refugee DME SmartText <2yo (ETX):

##### *Restriction:*

Age <2 years

##### *Content:*

### **INITIAL REFUGEE HEALTH ASSESSMENT**

@FNAME@ @LNAME@ is a @AGE@ @SEX@ refugee from {Nationality:27346} born in {Birth country:27348} arrived from {Country of Departure:27349} with past medical history significant for \*\*\* who presents for initial Domestic Medical Exam. @CAPHE@ is accompanied by @HIS@ {mother/father/sisters/brothers/children:22642}.

#### **Top Concerns Today:**

- \*\*\*
- \*\*\*

#### **Refugee History**

**Overseas Medical Exam & Pre-departure Treatment:**

{Refugee OME abstracted:23846::"Reviewed and abstracted into Epic"}

**Pre-Arrival History:**

{If not yet complete, please go to the [Social History Section](#) and use:

.REFUGEEIMGRATIONHISTORY to document the migration history if available. Use Ctrl+Shift+M to return to the Progress Note.}

@SOCDOC@

**Past Medical History:****Birth History:**

Born {birthplace:25993::"in a hospital"} {GA, Weight:25994::"on time"} {with\_without:18287} complications. \*\*\*

**Medical History:**

{Refugee Medical History (Add to Problem List as Applicable):23848::"Routine medical care"}

**Mental Health History:**

\*\*\*

**Accidents/Injuries:**

\*\*\*

**Surgical History:**

{Refugee Surgical History:23849::"None"}

**Circumcision History:**

{Refugee circumcision:23850::"Never circumcised."}

**Medications:**

@CMED@

**Complementary & Alternative Medicine Therapies:**

\*\*\*

**Allergies:**

@ALLERGY@

**Immunizations:**

@IMM@

History of BCG Vaccination: {Refugee BCG Vaccination:23856::"No"}

**Family Medical History:** {If not yet complete, please go to the [Family History](#) section; please focus on tuberculosis (latent or active), hepatitis B or C, anemia, G6PD deficiency. Use Ctrl+Shift+M to return to the Progress Note.}

**Customization point**

Sites that only screen children for HIV and syphilis if the parents are positive should be sure to include these conditions in the instruction above, e.g. "If not yet complete, please go to the [Family History](#) section; please focus on tuberculosis (latent or active), hepatitis B or C, anemia, G6PD deficiency, HIV and Syphilis. Use Ctrl+Shift+M to return to the Progress Note.

@FAMHX@

History of early death in the family? {Yes/No:21763::"No"}

Congenital Anomalies: { :23898 }

### **Health Maintenance Screening**

**Diet:** {Refugee Diet History:25971}

### **Oral Health Practices:**

Dental: Teeth Present: { :24304 } , Brushing { :24304 } , Seen a dentist: { :24304::"No" } ,

Fluoride: Fluoride {IS/IS NOT:9024::"is"} in water supply. Currently {IS/IS NOT:9024::"is not"} receiving fluoride supplements. Needs Fluoride Treatment: { :24304::"Yes" }

{if doing dental varnish do .DENTALVARNISH and then remove this reminder}

### **Developmental Screen:**

@DEVFA@

CHOP-Specific  
Decision Support

### **Behavior/Mental Health Screen ([CDC Mental Health Screening Guidelines for Refugees](#)):**

{Refugee Mental Health Screen:26074::"Not completed"}

{Refugee Behavioral Concerns:26075}

#### **Customization point**

Many institutions have specific mental health screening tools built into the EHR; if so, please replace the Behavior/Mental Health Screen section above.

### **Review of Systems**

Tuberculosis symptoms: {Refugee TB ROS:23953}

Intestinal parasite ROS: {Refugee Intestinal Parasite ROS:23954}

Malaria ROS ([Malaria endemic regions](#)): {Refugee Malaria ROS:23956}

Under-nutrition ROS: {Refugee Under-Nutrition ROS:23958}

Skin infection ROS: {Refugee Skin Infection ROS:23959}

Lead Exposure ROS: {Refugee Lead Exposure ROS:23957}

Tobacco use in the family: \*\*\*

Other systems: \*\*\*

### **Physical Exam**

#### **Customization point**

It is recommended that you use your organization's vital sign, growth parameter, and physical exam templates for age/gender.

@HCFA@

@WFL@

@SFA@

@WFA@

@VS@

GENERAL: { :10010::"alert, no acute distress" }

HEAD: { :10055::"normocephalic, atraumatic"  
 EYES: { :10056::"no scleral or conjunctival injection, PERRL"  
 EARS: { :10014::"TMs clear bilaterally"  
 NOSE: { :10016::"no nasal discharge or congestion"  
 MOUTH/THROAT: { :10057::"moist mucosa, no exudate, no ulcers, tonsils normal"  
 TEETH: { :10025::"normal"  
 NECK: { :10018::"supple, full range of motion"  
 CHEST: { :11332::"clear to auscultation"  
 CARDIOVASCULAR: { :10061::"RRR, no murmurs, normal pulses"  
 ABDOMEN: { :10022::"soft, non-tender, no organomegaly or masses"  
 GU: { Genitourinary:14687  
 MUSCULOSKELETAL/SPINE: { :10063::"no joint swelling, no effusions, FROM"  
 SKIN: { :10059::"no rashes"  
 LYMPH NODES: { :10019::"no cervical adenopathy"  
 NEUROLOGIC: { :10060::"grossly intact; strength, tone symmetrical"}

### **Assessment:**

@FNAME@ is a @AGE@ @SEX@ refugee here for initial Domestic Medical Exam. @CAPHE@ is connected with {Refugee Agency:15718::"HIAS and Council (Hebrew Immigrant Aid Society)"} during their resettlement period.

\*\*\*

- Domestic Screening – communicable conditions:
  - Hepatitis B: {Refugee DME Assessment - Hep B:24302}
  - Hepatitis C: {Infected/Not Infected/\*\*:26478}
  - HIV: {Infected/Not Infected/\*\*:26471}
  - Intestinal Parasites: {Parasite Infection Status:27895}
  - Malaria: {Symptom Assessment:26476}, {Malaria :25992}
  - Strongyloides IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:24325::"Not Done"}
  - Schistosoma IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:27900::"Not Done"}
  - Syphilis: {Infected/Not Infected/\*\*:26473}
  - Tuberculosis: {Refugee DME Assessment - TB:24299}

Customization Point: Sites that use a different test modality will want to re-label these bullet points. Sites that don't test for Strongyloides or Schistosoma should leave these as is (the default is "Not Done"), as these will likely be Smart Data Elements for potential export to a state refugee health epidemiology program.
- Domestic Screening – non-communicable conditions:
  - Anemia: {Yes/No:21763::"No"}
  - Dental caries: {Yes/No:21763::"No"}
  - Elevated blood lead ([PA Department of Health](#)): {Yes/No:21763::"No"}
  - Eosinophilia ([CDC guidelines](#)): {Yes/No:21763::"No"}
  - Malnutrition: {Malnutrition Type:24377::"No"}
  - Hyperreactive Malaria Splenomegaly (HMS) Syndrome (see CDC guidelines for Congolese refugees [CDC Guidelines](#)): {Yes/No:21763::"No"}
  - Developmental/Behavioral concerns: {Yes/No:27906}



- Other: \*\*\*

**Plan:**

@ASSESSPLAN@

- Letters provided: {Letters Provided - Age <6yo:26097} ([Letters Activity](#))
- Return to clinic in \*\*\*

**Immunizations:** @IMMDUE@

CHOP-Specific  
Decision Support

**Counseling:** {Refugee - DME Counseling:24379}

**SCAN:** {Yes, No:75355}

CHOP-Specific  
Decision Support

Total provider contact time exceeded {billing time:11233::"40 minutes, with more than 20 minutes spent on counseling for LEVEL 5 ESTABLISHED VISIT"}

Electronically signed by @ME@, @FDATE@

## Refugee DME SmartText 2yo through 5yo (ETX):

### *Restriction:*

Age 2 years through 5 years

### *Content:*

## **INITIAL REFUGEE HEALTH ASSESSMENT**

@FNAME@ @LNAME@ is a @AGE@ @SEX@ refugee from {Nationality:27346} born in {Birth country:27348} arrived from {Country of Departure:27349} with past medical history significant for \*\*\* who presents for initial Domestic Medical Exam. @CAPHE@ is accompanied by @HIS@ {mother/father/sisters/brothers/children:22642}.

### **Top Concerns Today:**

- \*\*\*
- \*\*\*

### **Refugee History**

#### **Overseas Medical Exam & Pre-departure Treatment:**

{Refugee OME abstracted:23846::"Reviewed and abstracted into Epic"}

#### **Pre-Arrival History:**

{If not yet complete, please go to the [Social History Section](#) and use:  
.REFUGEEIMMIGRATIONHISTORY to document the migration history if available. Use Ctrl+Shift+M to return to the Progress Note.  
@SOCDOC@

### **Past Medical History:**

#### **Birth History:**

Born {birthplace:25993::"in a hospital"} {GA, Weight:25994::"on time"} {with\_without:18287} complications. \*\*\*

#### **Medical History:**

{Refugee Medical History (Add to Problem List as Applicable):23848::"Routine medical care"}

#### **Mental Health History:**

\*\*\*

#### **Accidents/Injuries:**

\*\*\*

#### **Surgical History:**

{Refugee Surgical History:23849::"None"}

#### **Circumcision History:**

{Refugee circumcision:23850::"Never circumcised."}

**Medications:**

@CMED@

**Complementary & Alternative Medicine Therapies:**

\*\*\*

**Allergies:**

@ALLERGY@

**Immunizations:**

@IMM@

History of BCG Vaccination: {Refugee BCG Vaccination:23856::"No"}

**Family Medical History:** {If not yet complete, please go to the [Family History](#) section; please focus on tuberculosis (latent or active), hepatitis B or C, anemia, G6PD deficiency. Use Ctrl+Shift+M to return to the Progress Note.}

**Customization point**

Sites that only screen children for HIV and syphilis if the parents are positive should be sure to include these conditions in the instruction above, e.g. "If not yet complete, please go to the [Family History](#) section; please focus on tuberculosis (latent or active), hepatitis B or C, anemia, G6PD deficiency, HIV and Syphilis. Use Ctrl+Shift+M to return to the Progress Note.

@FAMHX@

History of early death in the family? {Yes/No:21763::"No"}

Congenital Anomalies: {:23898}

**Health Maintenance Screening****Diet:** {Refugee Diet History:25971}**Oral Health Practices:**

Dental: Teeth Present: { :24304 } , Brushing { :24304 }, Seen a dentist: { :24304::"No" },  
 Fluoride: Fluoride {IS/IS NOT:9024::"is"} in water supply. Currently {IS/IS NOT:9024::"is not"}  
 receiving fluoride supplements. Needs Fluoride Treatment: { :24304::"Yes" }

{if doing dental varnish do .DENTALVARNISH and then remove this reminder}

**Developmental Screen:**

@DEVFA@

CHOP-Specific  
Decision Support

**Behavior/Mental Health Screen ([CDC Mental Health Screening Guidelines for Refugees](#)):**

{Refugee Mental Health Screen:26074::"Not completed"}

{Refugee Behavioral Concerns:26075}

**Customization point**

Many institutions have specific mental health screening tools built into the EHR; if so, please replace the Behavior/Mental Health Screen section above.

**Review of Systems**

Tuberculosis symptoms: {Refugee TB ROS:23953}  
 Intestinal parasite ROS: {Refugee Intestinal Parasite ROS:23954}  
 Malaria ROS ([Malaria endemic regions](#)): {Refugee Malaria ROS:23956}  
 Under-nutrition ROS: {Refugee Under-Nutrition ROS:23958}  
 Skin infection ROS: {Refugee Skin Infection ROS:23959}  
 Lead Exposure ROS: {Refugee Lead Exposure ROS:23957}  
 Tobacco use in the family: \*\*\*

Other systems: \*\*\*

**Physical Exam****Customization point**

It is recommended that you use your organization's vital sign, growth parameter, and physical exam templates for age/gender.

@BMIFA@

@SFA@

@WFA@

@VS@

GENERAL: {:10010::"alert, no acute distress"}  
 HEAD: {:10055::"normocephalic, atraumatic"}  
 EYES: {:10056::"no scleral or conjunctival injection, PERRL"}  
 EARS: {:10014::"TMs clear bilaterally"}  
 NOSE: {:10016::"no nasal discharge or congestion"}  
 MOUTH/THROAT: {:10057::"moist mucosa, no exudate, no ulcers, tonsils normal"}  
 TEETH: {:10025::"normal"}  
 NECK: {:10018::"supple, full range of motion"}  
 CHEST: {:11332::"clear to auscultation"}  
 CARDIOVASCULAR: {:10061::"RRR, no murmurs, normal pulses"}  
 ABDOMEN: {:10022::"soft, non-tender, no organomegaly or masses"}  
 GU: {Genitourinary:14687}  
 MUSCULOSKELETAL/SPINE: {:10063::"no joint swelling, no effusions, FROM"}  
 SKIN: {:10059::"no rashes"}  
 LYMPH NODES: {:10019::"no cervical adenopathy"}  
 NEUROLOGIC: {:10060::"grossly intact; strength, tone symmetrical"}

**Assessment:**

@FNAME@ is a @AGE@ @SEX@ refugee here for initial Domestic Medical Exam. @CAPHE@ is connected with {Refugee Agency:15718::"HIAS and Council (Hebrew Immigrant Aid Society)"} during their resettlement period.

\*\*\*

- Domestic Screening – communicable conditions:
  - Hepatitis B: {Refugee DME Assessment - Hep B:24302}
  - Hepatitis C: {Infected/Not Infected/\*\*:26478}

- HIV: {Infected/Not Infected/\*\*:26471}
- Intestinal Parasites: {Parasite Infection Status:27895}
- Malaria: {Symptom Assessment:26476}, {Malaria :25992}
- Strongyloides IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:24325::"Not Done"}
- Schistosoma IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:27900::"Not Done"}
- Syphilis: {Infected/Not Infected/\*\*:26473}
- Tuberculosis: {Refugee DME Assessment - TB:24299}

Customization Point: Sites that use a different test modality will want to re-label these bullet points. Sites that don't test for Strongyloides or Schistosoma should leave these as is (the default is "Not Done"), as these will likely be Smart Data Elements for potential export to a state refugee health epidemiology program.

- Domestic Screening – non-communicable conditions:
  - Anemia: {Yes/No:21763::"No"}
  - Dental caries: {Yes/No:21763::"No"}
  - Elevated blood lead ([PA Department of Health](#)): {Yes/No:21763::"No"}
  - Eosinophilia ([CDC guidelines](#)): {Yes/No:21763::"No"}
  - Malnutrition: {Malnutrition Type:24377::"No"}
  - Hyperreactive Malaria Splenomegaly (HMS) Syndrome (see CDC guidelines for Congolese refugees [CDC Guidelines](#)): {Yes/No:21763::"No"}
  - Mental health concerns: {Yes/No:21763::"No"}
  - Developmental/Behavioral concerns: {Yes/No:27906}
  - Other: \*\*\*

**Plan:**

@ASSESSPLAN@

- Letters provided: {Letters Provided - Age <6yo:26097} ([Letters Activity](#))
- Return to clinic in \*\*\*

**Immunizations:** @IMMDUE@

CHOP-Specific  
Decision Support

**Counseling:** {Refugee - DME Counseling:24379}

**SCAN:** {Yes, No:75355}

CHOP-Specific  
Decision Support

Total provider contact time exceeded {billing time:11233::"40 minutes, with more than 20 minutes spent on counseling for LEVEL 5 ESTABLISHED VISIT"}

Electronically signed by @ME@, @FDATE@

## Refugee DME SmartText 6yo through 11yo (ETX):

### *Restriction:*

Age 6 years through 11 years

### *Content:*

## **INITIAL REFUGEE HEALTH ASSESSMENT**

@FNAME@ @LNAME@ is a @AGE@ @SEX@ refugee from {Nationality:27346} born in {Birth country:27348} arrived from {Country of Departure:27349} with past medical history significant for \*\*\* who presents for initial Domestic Medical Exam. @CAPHE@ is accompanied by @HIS@ {mother/father/sisters/brothers/children:22642}.

### **Top Concerns Today:**

- \*\*\*
- \*\*\*

### **Refugee History**

#### **Overseas Medical Exam & Pre-departure Treatment:**

{Refugee OME abstracted:23846::"Reviewed and abstracted into Epic"}

#### **Pre-Arrival History:**

{If not yet complete, please go to the [Social History Section](#) and use:  
.REFUGEEIMMIGRATIONHISTORY to document the migration history if available. Use Ctrl+Shift+M to return to the Progress Note.  
@SOCDOC@

### **Past Medical History:**

#### **Birth History:**

Born {birthplace:25993::"in a hospital"} {GA, Weight:25994::"on time"} {with\_without:18287} complications. \*\*\*

#### **Medical History:**

{Refugee Medical History (Add to Problem List as Applicable):23848::"Routine medical care"}

#### **Mental Health History:**

\*\*\*

#### **Development:**

Any parental concerns about development? [{Yes/No:21763::"No"}](#)

#### **Accidents/Injuries:**

\*\*\*

#### **Surgical History:**

{Refugee Surgical History:23849::"None"}

**Circumcision History:**

{Refugee circumcision:23850::"Never circumcised."}

**Medications:**

@CMED@

**Complementary & Alternative Medicine Therapies:**

\*\*\*

**Allergies:**

@ALLERGY@

**Immunizations:**

@IMM@

History of BCG Vaccination: {Refugee BCG Vaccination:23856::"No"}

**Family Medical History:** {If not yet complete, please go to the [Family History](#) section; please focus on tuberculosis (latent or active), hepatitis B or C, anemia, G6PD deficiency. Use Ctrl+Shift+M to return to the Progress Note.}

**Customization point**

Sites that only screen children for HIV and syphilis if the parents are positive should be sure to include these conditions in the instruction above, e.g. "If not yet complete, please go to the [Family History](#) section; please focus on tuberculosis (latent or active), hepatitis B or C, anemia, G6PD deficiency, HIV and Syphilis. Use Ctrl+Shift+M to return to the Progress Note.

@FAMHX@

History of early death in the family? {Yes/No:21763::"No"}

Congenital Anomalies: {:23898}

**Health Maintenance Screening**

**Diet:** {Refugee Diet History:25971}

**Oral Health Practices:**

Dental: Teeth Present: { :24304 } , Brushing { :24304 }, Seen a dentist: { :24304::"No" },

**Behavior/Mental Health Screen ([CDC Mental Health Screening Guidelines for Refugees](#)):**

{Refugee Mental Health Screen:26074::"Not completed"}

{Refugee Behavioral Concerns:26075}

**Customization point**

Many institutions have specific mental health screening tools built into the EHR; if so, please replace the Behavior/Mental Health Screen section above.

### **Review of Systems**

Tuberculosis symptoms: {Refugee TB ROS:23953}  
 Intestinal parasite ROS: {Refugee Intestinal Parasite ROS:23954}  
 Malaria ROS ([Malaria endemic regions](#)): {Refugee Malaria ROS:23956}  
 Under-nutrition ROS: {Refugee Under-Nutrition ROS:23958}  
 Skin infection ROS: {Refugee Skin Infection ROS:23959}  
 Lead Exposure ROS: {Refugee Lead Exposure ROS:23957}  
 Tobacco use in the family: \*\*\*

Other systems: \*\*\*

### **Physical Exam**

#### **Customization point**

It is recommended that you use your organization's vital sign, growth parameter, and physical exam templates for age/gender.

@BMIFA@

@SFA@

@WFA@

@VS@

GENERAL: {:10010::"alert, no acute distress"}  
 HEAD: {:10055::"normocephalic, atraumatic"}  
 EYES: {:10056::"no scleral or conjunctival injection, PERRL"}  
 EARS: {:10014::"TMs clear bilaterally"}  
 NOSE: {:10016::"no nasal discharge or congestion"}  
 MOUTH/THROAT: {:10057::"moist mucosa, no exudate, no ulcers, tonsils normal"}  
 TEETH: {:10025::"normal"}  
 NECK: {:10018::"supple, full range of motion"}  
 CHEST: {:11332::"clear to auscultation"}  
 CARDIOVASCULAR: {:10061::"RRR, no murmurs, normal pulses"}  
 ABDOMEN: {:10022::"soft, non-tender, no organomegaly or masses"}  
 GU: {Genitourinary:14687}  
 MUSCULOSKELETAL/SPINE: {:10063::"no joint swelling, no effusions, FROM"}  
 SKIN: {:10059::"no rashes"}  
 LYMPH NODES: {:10019::"no cervical adenopathy"}  
 NEUROLOGIC: {:10060::"grossly intact; strength, tone symmetrical"}

### **Assessment:**

@FNAME@ is a @AGE@ @SEX@ refugee here for initial Domestic Medical Exam. @CAPHE@ is connected with {Refugee Agency:15718::"HIAS and Council (Hebrew Immigrant Aid Society)"} during their resettlement period.

\*\*\*

- Domestic Screening – communicable conditions:
  - Hepatitis B: {Refugee DME Assessment - Hep B:24302}
  - Hepatitis C: {Infected/Not Infected/\*\*:26478}



- HIV: {Infected/Not Infected/\*\*:26471}
- Intestinal Parasites: {Parasite Infection Status:27895}
- Malaria: {Symptom Assessment:26476}, {Malaria :25992}
- Strongyloides IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:24325::"Not Done"}
- Schistosoma IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:27900::"Not Done"}
- Syphilis: {Infected/Not Infected/\*\*:26473}
- Tuberculosis: {Refugee DME Assessment - TB:24299}

Customization Point: Sites that use a different test modality will want to re-label these bullet points. Sites that don't test for Strongyloides or Schistosoma should leave these as is (the default is "Not Done"), as these will likely be Smart Data Elements for potential export to a state refugee health epidemiology program.

- Domestic Screening – non-communicable conditions:
  - Anemia: {Yes/No:21763::"No"}
  - Dental caries: {Yes/No:21763::"No"}
  - Elevated blood lead ([PA Department of Health](#)): {Yes/No:21763::"No"}
  - Eosinophilia ([CDC guidelines](#)): {Yes/No:21763::"No"}
  - Malnutrition: {Malnutrition Type:24377::"No"}
  - Hyperreactive Malaria Splenomegaly (HMS) Syndrome (see CDC guidelines for Congolese refugees [CDC Guidelines](#)): {Yes/No:21763::"No"}
  - Mental health concerns: {Yes/No:21763::"No"}
  - Other: \*\*\*

**Plan:**

@ASSESSPLAN@

- Letters provided: {Letters Provided:24378} ([Letters Activity](#))
- Return to clinic in \*\*\*

**Immunizations:** @IMMDUE@

CHOP-Specific  
Decision Support

**Counseling:** {Refugee - DME Counseling:24379}

**SCAN:** {Yes, No:75355}

CHOP-Specific  
Decision Support

Total provider contact time exceeded {billing time:11233::"40 minutes, with more than 20 minutes spent on counseling for LEVEL 5 ESTABLISHED VISIT"}

Electronically signed by @ME@, @FDATE@

## Refugee DME SmartText 12yo through 15yo Female (ETX):

### *Restriction:*

Age 12 years through 15 years AND Female

### *Content:*

## **INITIAL REFUGEE HEALTH ASSESSMENT**

@FNAME@ @LNAME@ is a @AGE@ @SEX@ refugee from {Nationality:27346} born in {Birth country:27348} arrived from {Country of Departure:27349} with past medical history significant for \*\*\* who presents for initial Domestic Medical Exam. @CAPHE@ is accompanied by @HIS@ {mother/father/sisters/brothers/children:22642}.

### **Top Concerns Today:**

- \*\*\*
- \*\*\*

### **Refugee History**

#### **Overseas Medical Exam & Pre-departure Treatment:**

{Refugee OME abstracted:23846::"Reviewed and abstracted into Epic"}

#### **Pre-Arrival History:**

{If not yet complete, please go to the [Social History Section](#) and use: .REFUGEEIMMIGRATIONHISTORY to document the migration history if available. Use Ctrl+Shift+M to return to the Progress Note.}  
@SOCDOC@

### **Past Medical History:**

#### **Birth History:**

Born {birthplace:25993::"in a hospital"} {GA, Weight:25994::"on time"} {with\_without:18287} complications. \*\*\*

#### **Medical History:**

{Refugee Medical History (Add to Problem List as Applicable):23848::"Routine medical care"}

#### **Mental Health History:**

\*\*\*

#### **Development:**

Any parental concerns about development? {Yes/No:21763::"No"}

#### **Accidents/Injuries:**

\*\*\*

#### **Surgical History:**

{Refugee Surgical History:23849::"None"}

**Pregnancy History:**

{Refugee Pregnancy History:26095::"G0P0"}

**Circumcision History:**

{Refugee circumcision:23850::"Never circumcised."}

**Medications:**

@CMED@

**Complementary & Alternative Medicine Therapies:**

\*\*\*

**Allergies:**

@ALLERGY@

**Immunizations:**

@IMM@

History of BCG Vaccination: {Refugee BCG Vaccination:23856::"No"}

**Family Medical History:** {If not yet complete, please go to the [Family History](#) section; please focus on tuberculosis (latent or active), hepatitis B or C, anemia, G6PD deficiency. Use Ctrl+Shift+M to return to the Progress Note.}

**Customization point**

Sites that only screen children for HIV and syphilis if the parents are positive should be sure to include these conditions in the instruction above, e.g. "If not yet complete, please go to the [Family History](#) section; please focus on tuberculosis (latent or active), hepatitis B or C, anemia, G6PD deficiency, HIV and Syphilis. Use Ctrl+Shift+M to return to the Progress Note.

@FAMHX@

History of early death in the family? {Yes/No:21763::"No"}

Congenital Anomalies: { :23898 }

**Health Maintenance Screening**

**Diet:** {Refugee Diet History:25971}

**Oral Health Practices:**

Dental: Teeth Present: { :24304 } , Brushing { :24304 }, Seen a dentist: { :24304::"No" },

**Behavior/Mental Health Screen ([CDC Mental Health Screening Guidelines for Refugees](#)):**

{Refugee Mental Health Screen:26074::"Not completed"}

{Refugee Behavioral Concerns:26075}

**Customization point**

Many institutions have specific mental health screening tools built into the EHR; if so, please replace the Behavior/Mental Health Screen section above.

**Adolescent Screening:**

Menarche: \*\*\*

Last menstrual period: \*\*\*

History of sexual contact?: {yes/no/not asked:22259::Not asked}

Contraceptive method: {Contraceptive method:706::not applicable}

Substance use: {Refugee Substance Use:23952::"None"}

**Customization point**

Some sites address adolescent or adult risk screening during a follow-up visit.

**Review of Systems**

Tuberculosis symptoms: {Refugee TB ROS:23953}

Intestinal parasite ROS: {Refugee Intestinal Parasite ROS:23954}

Malaria ROS ([Malaria endemic regions](#)): {Refugee Malaria ROS:23956}

Under-nutrition ROS: {Refugee Under-Nutrition ROS:23958}

Skin infection ROS: {Refugee Skin Infection ROS:23959}

Lead Exposure ROS: {Refugee Lead Exposure ROS:23957}

Tobacco use in the family: \*\*\*

Other systems: \*\*\*

**Physical Exam****Customization point**

It is recommended that you use your organization's vital sign, growth parameter, and physical exam templates for age/gender.

@BMIFA@

@SFA@

@WFA@

@VS@

GENERAL: {:10010::"alert, no acute distress"}

HEAD: {:10055::"normocephalic, atraumatic"}

EYES: {:10056::"no scleral or conjunctival injection, PERRL"}

EARS: {:10014::"TMs clear bilaterally"}

NOSE: {:10016::"no nasal discharge or congestion"}

MOUTH/THROAT: {:10057::"moist mucosa, no exudate, no ulcers, tonsils normal"}

TEETH: {:10025::"normal"}

NECK: {:10018::"supple, full range of motion"}

CHEST: {:11332::"clear to auscultation"}

CARDIOVASCULAR: {:10061::"RRR, no murmurs, normal pulses"}

ABDOMEN: {:10022::"soft, non-tender, no organomegaly or masses"}

GU: {Genitourinary:14687}

MUSCULOSKELETAL/SPINE: {:10063::"no joint swelling, no effusions, FROM"}

SKIN: {:10059::"no rashes"}

LYMPH NODES: {:10019::"no cervical adenopathy"}

NEUROLOGIC: {:10060::"grossly intact; strength, tone symmetrical"}

**Assessment:**

@FNAME@ is a @AGE@ @SEX@ refugee here for initial Domestic Medical Exam. @CAPHE@ is connected with {Refugee Agency:15718::"HIAS and Council (Hebrew Immigrant Aid Society)"} during their resettlement period.

\*\*\*

- Domestic Screening – communicable conditions:
  - Hepatitis B: {Refugee DME Assessment - Hep B:24302}
  - Hepatitis C: {Infected/Not Infected/\*\*:26478}
  - HIV: {Infected/Not Infected/\*\*:26471}
  - Intestinal Parasites: {Parasite Infection Status:27895}
  - Malaria: {Symptom Assessment:26476}, {Malaria :25992}
  - Strongyloides IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:24325::"Not Done"}
  - Schistosoma IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:27900::"Not Done"}
  - Syphilis: {Infected/Not Infected/\*\*:26473}
  - Other STI: \*\*\*
  - Tuberculosis: {Refugee DME Assessment - TB:24299}

Customization Point: Sites that use a different test modality will want to re-label these bullet points. Sites that don't test for Strongyloides or Schistosoma should leave these as is (the default is "Not Done"), as these will likely be Smart Data Elements for potential export to a state refugee health epidemiology program.

- Domestic Screening – non-communicable conditions:
  - Anemia: {Yes/No:21763::"No"}
  - Dental caries: {Yes/No:21763::"No"}
  - Elevated blood lead ([PA Department of Health](#)): {Yes/No:21763::"No"}
  - Eosinophilia ([CDC guidelines](#)): {Yes/No:21763::"No"}
  - Malnutrition: {Malnutrition Type:24377::"No"}
  - Hyperreactive Malaria Splenomegaly (HMS) Syndrome (see CDC guidelines for Congolese refugees [CDC Guidelines](#)): {Yes/No:21763::"No"}
  - Mental health concerns: {Yes/No:21763::"No"}
  - Pregnancy: {Yes/No:21763::"No"}
  - Other: \*\*\*

**Plan:**

@ASSESSPLAN@

- Letters provided: {Letters Provided:24378} ([Letters Activity](#))
- Return to clinic in \*\*\*

**Immunizations:** @IMMDUE@

CHOP-Specific  
Decision Support

**Counseling:** {Refugee - DME Counseling:24379}

SCAN: {Yes, No:75355}

CHOP-Specific  
Decision Support

Total provider contact time exceeded {billing time:11233::"40 minutes, with more than 20 minutes spent on counseling for LEVEL 5 ESTABLISHED VISIT"}

Electronically signed by @ME@, @FDATE@

## Refugee DME SmartText 12yo through 15yo Male (ETX):

### *Restriction:*

Age 12 years through 15 years AND Male

### *Content:*

## **INITIAL REFUGEE HEALTH ASSESSMENT**

@FNAME@ @LNAME@ is a @AGE@ @SEX@ refugee from {Nationality:27346} born in {Birth country:27348} arrived from {Country of Departure:27349} with past medical history significant for \*\*\* who presents for initial Domestic Medical Exam. @CAPHE@ is accompanied by @HIS@ {mother/father/sisters/brothers/children:22642}.

### **Top Concerns Today:**

- \*\*\*
- \*\*\*

### **Refugee History**

#### **Overseas Medical Exam & Pre-departure Treatment:**

{Refugee OME abstracted:23846::"Reviewed and abstracted into Epic"}

#### **Pre-Arrival History:**

{If not yet complete, please go to the [Social History Section](#) and use:  
.REFUGEEIMGRATIONHISTORY to document the migration history if available. Use Ctrl+Shift+M to return to the Progress Note.  
@SOCDOC@

### **Past Medical History:**

#### **Birth History:**

Born {birthplace:25993::"in a hospital"} {GA, Weight:25994::"on time"} {with\_without:18287} complications. \*\*\*

#### **Medical History:**

{Refugee Medical History (Add to Problem List as Applicable):23848::"Routine medical care"}

#### **Mental Health History:**

\*\*\*

#### **Development:**

Any parental concerns about development? {Yes/No:21763::"No"}

#### **Accidents/Injuries:**

\*\*\*

#### **Surgical History:**

{Refugee Surgical History:23849::"None"}

**Circumcision History:**

{Refugee circumcision:23850::"Never circumcised."}

**Medications:**

@CMED@

**Complementary & Alternative Medicine Therapies:**

\*\*\*

**Allergies:**

@ALLERGY@

**Immunizations:**

@IMM@

History of BCG Vaccination: {Refugee BCG Vaccination:23856::"No"}

**Family Medical History:** {If not yet complete, please go to the [Family History](#) section; please focus on tuberculosis (latent or active), hepatitis B or C, anemia, G6PD deficiency. Use Ctrl+Shift+M to return to the Progress Note.}

**Customization point**

Sites that only screen children for HIV and syphilis if the parents are positive should be sure to include these conditions in the instruction above, e.g. "If not yet complete, please go to the [Family History](#) section; please focus on tuberculosis (latent or active), hepatitis B or C, anemia, G6PD deficiency. HIV and Syphilis. Use Ctrl+Shift+M to return to the Progress Note.

@FAMHX@

History of early death in the family? {Yes/No:21763::"No"}

Congenital Anomalies: { :23898 }

**Health Maintenance Screening**

**Diet:** {Refugee Diet History:25971}

**Oral Health Practices:**

Dental: Teeth Present: { :24304 } , Brushing { :24304 }, Seen a dentist: { :24304::"No" },

**Behavior/Mental Health Screen ([CDC Mental Health Screening Guidelines for Refugees](#)):**

{Refugee Mental Health Screen:26074::"Not completed"}

{Refugee Behavioral Concerns:26075}

**Customization point**

Many institutions have specific mental health screening tools built into the EHR; if so, please replace the Behavior/Mental Health Screen section above.



**Customization point****Adolescent Screening:**

History of sexual contact?: {yes/no/not asked:22259::Not asked}

Contraceptive method: {Contraceptive method:706:: not applicable}

Substance use: {Refugee Substance Use:23952::"None"}

**Some sites perform adolescent or adult risk screening at a follow-up visit.****Review of Systems**

Tuberculosis symptoms: {Refugee TB ROS:23953}

Intestinal parasite ROS: {Refugee Intestinal Parasite ROS:23954}

Malaria ROS ([Malaria endemic regions](#)): {Refugee Malaria ROS:23956}

Under-nutrition ROS: {Refugee Under-Nutrition ROS:23958}

Skin infection ROS: {Refugee Skin Infection ROS:23959}

Lead Exposure ROS: {Refugee Lead Exposure ROS:23957}

Tobacco use in the family: \*\*\*

Other systems: \*\*\*

**Physical Exam****Customization point****It is recommended that you use your organization's vital sign, growth parameter, and physical exam templates for age/gender.**

@BMIFA@

@SFA@

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@VS@

GENERAL: {:10010::"alert, no acute distress"}

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TEETH: {:10025::"normal"}

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ABDOMEN: {:10022::"soft, non-tender, no organomegaly or masses"}

GU: {Genitourinary:14687}

MUSCULOSKELETAL/SPINE: {:10063::"no joint swelling, no effusions, FROM"}

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LYMPH NODES: {:10019::"no cervical adenopathy"}

NEUROLOGIC: {:10060::"grossly intact; strength, tone symmetrical"}

**Assessment:**

@FNAME@ is a @AGE@ @SEX@ refugee here for initial Domestic Medical Exam. @CAPHE@ is connected with {Refugee Agency:15718::"HIAS and Council (Hebrew Immigrant Aid Society)"} during their resettlement period.

\*\*\*

- Domestic Screening – communicable conditions:
  - Hepatitis B: {Refugee DME Assessment - Hep B:24302}
  - Hepatitis C: {Infected/Not Infected/\*\*:26478}
  - HIV: {Infected/Not Infected/\*\*:26471}
  - Intestinal Parasites: {Parasite Infection Status:27895}
  - Malaria: {Symptom Assessment:26476}, {Malaria :25992}
  - Strongyloides IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:24325::"Not Done"}
  - Schistosoma IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:27900::"Not Done"}
  - Syphilis: {Infected/Not Infected/\*\*:26473}
  - Other STI: \*\*\*
  - Tuberculosis: {Refugee DME Assessment - TB:24299}

Customization Point: Sites that use a different test modality will want to re-label these bullet points. Sites that don't test for Strongyloides or Schistosoma should leave these as is (the default is "Not Done"), as these will likely be Smart Data Elements for potential export to a state refugee health epidemiology program.

- Domestic Screening – non-communicable conditions:
  - Anemia: {Yes/No:21763::"No"}
  - Dental caries: {Yes/No:21763::"No"}
  - Elevated blood lead ([PA Department of Health](#)): {Yes/No:21763::"No"}
  - Eosinophilia ([CDC guidelines](#)): {Yes/No:21763::"No"}
  - Malnutrition: {Malnutrition Type:24377::"No"}
  - Hyperreactive Malaria Splenomegaly (HMS) Syndrome (see CDC guidelines for Congolese refugees [CDC Guidelines](#)): {Yes/No:21763::"No"}
  - Mental health concerns: {Yes/No:21763::"No"}
  - Other: \*\*\*

### Plan:

@ASSESSPLAN@

- Letters provided: {Letters Provided:24378} ([Letters Activity](#))
- Return to clinic in \*\*\*

**Immunizations:** @IMMDUE@

CHOP-Specific  
Decision Support

**Counseling:** {Refugee - DME Counseling:24379}

**SCAN:** {Yes, No:75355}

CHOP-Specific  
Decision Support

Total provider contact time exceeded {billing time:11233::"40 minutes, with more than 20 minutes spent on counseling for LEVEL 5 ESTABLISHED VISIT"}

Electronically signed by @ME@, @FDATE@

### Refugee DME SmartText 16yo through 20yo Female (ETX):

#### *Restriction:*

Age 16 years through 20 years AND Female

#### *Content:*

### **INITIAL REFUGEE HEALTH ASSESSMENT**

@FNAME@ @LNAME@ is a @AGE@ @SEX@ refugee from {Nationality:27346} born in {Birth country:27348} arrived from {Country of Departure:27349} with past medical history significant for \*\*\* who presents for initial Domestic Medical Exam. @CAPHE@ is accompanied by @HIS@ {mother/father/sisters/brothers/children:22642}.

#### **Top Concerns Today:**

- \*\*\*
- \*\*\*

#### **Refugee History**

##### **Overseas Medical Exam & Pre-departure Treatment:**

{Refugee OME abstracted:23846::"Reviewed and abstracted into Epic"}

##### **Pre-Arrival History:**

{If not yet complete, please go to the [Social History Section](#) and use:

.REFUGEEIMGRATIONHISTORY to document the migration history if available. Use Ctrl+Shift+M to return to the Progress Note.}

@SOCDOC@

#### **Past Medical History:**

##### **Medical History:**

{Refugee Medical History (Add to Problem List as Applicable):23848::"Routine medical care"}

##### **Mental Health History:**

\*\*\*

##### **Development:**

Any concerns about development? {Yes/No:21763::"No"}

##### **Accidents/Injuries:**

\*\*\*

##### **Surgical History:**

{Refugee Surgical History:23849::"None"}

**Pregnancy History:**

{Refugee Pregnancy History:26095::"G0P0"}

**Circumcision History:**

{Refugee circumcision:23850::"Never circumcised."}

**Medications:**

@CMED@

**Complementary & Alternative Medicine Therapies:**

\*\*\*

**Allergies:**

@ALLERGY@

**Immunizations:**

@IMM@

History of BCG Vaccination: {Refugee BCG Vaccination:23856::"No"}

**Family Medical History:** {If not yet complete, please go to the [Family History](#) section; please focus on tuberculosis (latent or active), hepatitis B or C, anemia, G6PD deficiency. Use Ctrl+Shift+M to return to the Progress Note.}

**Customization point**

Sites that only screen children for HIV and syphilis if the parents are positive should be sure to include these conditions in the instruction above, e.g. "If not yet complete, please go to the [Family History](#) section; please focus on tuberculosis (latent or active), hepatitis B or C, anemia, G6PD deficiency, HIV and Syphilis. Use Ctrl+Shift+M to return to the Progress Note.

@FAMHX@

History of early death in the family? {Yes/No:21763::"No"}

Congenital Anomalies: { :23898}

**Health Maintenance Screening**

**Diet:** {Refugee Diet History:25971}

**Oral Health Practices:**

Dental: Teeth Present: { :24304} , Brushing { :24304}, Seen a dentist: { :24304::"No"},

**Behavior/Mental Health Screen** ([CDC Mental Health Screening Guidelines for Refugees](#)):

{Refugee Mental Health Screen:26074::"Not completed"}

{Refugee Behavioral Concerns:26075}

**Customization Point:** Many institutions have specific mental health screening tools built into the EHR; if so, please replace the Behavior/Mental Health Screen section above.

**Adolescent Screening:**

Menarche: \*\*\*

Last menstrual period: \*\*\*

History of sexual contact?: {yes/no/not asked:22259::Not asked}

Contraceptive method: {Contraceptive method:706::not applicable}

Substance use: {Refugee Substance Use:23952::"None"}

**Customization Point:** Some sites perform adolescent or adult risk screening at a follow-up visit.

**Review of Systems**

Tuberculosis symptoms: {Refugee TB ROS:23953}

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**Physical Exam****Customization point**

**It is recommended that you use your organization's vital sign, growth parameter, and physical exam templates for age/gender.**

@BMIFA@

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GENERAL: {:10010::"alert, no acute distress"}

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ABDOMEN: {:10022::"soft, non-tender, no organomegaly or masses"}

GU: {Genitourinary:14687}

MUSCULOSKELETAL/SPINE: {:10063::"no joint swelling, no effusions, FROM"}

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NEUROLOGIC: {:10060::"grossly intact; strength, tone symmetrical"}

**Assessment:**

@FNAME@ is a @AGE@ @SEX@ refugee here for initial Domestic Medical Exam. @CAPHE@ is connected with {Refugee Agency:15718::"HIAS and Council (Hebrew Immigrant Aid Society)"} during their resettlement period.

\*\*\*

- Domestic Screening – communicable conditions:
  - Hepatitis B: {Refugee DME Assessment - Hep B:24302}
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  - HIV: {Infected/Not Infected/\*\*:26471}
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  - Strongyloides IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:24325::"Not Done"}
  - Schistosoma IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:27900::"Not Done"}
  - Syphilis: {Infected/Not Infected/\*\*:26473}
  - Other STI: \*\*\*
  - Tuberculosis: {Refugee DME Assessment - TB:24299}

Customization Point: Sites that use a different test modality will want to re-label these bullet points. Sites that don't test for Strongyloides or Schistosoma should leave these as is (the default is "Not Done"), as these will likely be Smart Data Elements for potential export to a state refugee health epidemiology program.

- Domestic Screening – non-communicable conditions:
  - Anemia: {Yes/No:21763::"No"}
  - Dental caries: {Yes/No:21763::"No"}
  - Eosinophilia ([CDC guidelines](#)): {Yes/No:21763::"No"}
  - Malnutrition: {Malnutrition Type:24377::"No"}
  - Hyperreactive Malaria Splenomegaly (HMS) Syndrome (see CDC guidelines for Congolese refugees [CDC Guidelines](#)): {Yes/No:21763::"No"}
  - Mental health concerns: {Yes/No:21763::"No"}
  - Pregnancy: {Yes/No:21763::"No"}
  - Other: \*\*\*

### Plan:

@ASSESSPLAN@

- Letters provided: {Letters Provided:24378} ([Letters Activity](#))
- Return to clinic in \*\*\*

**Immunizations:** @IMMDUE@

CHOP-Specific  
Decision Support

**Counseling:** {Refugee - DME Counseling:24379}

**SCAN:** {Yes, No:75355}

CHOP-Specific  
Decision Support

Total provider contact time exceeded {billing time:11233::"40 minutes, with more than 20 minutes spent on counseling for LEVEL 5 ESTABLISHED VISIT"}

Electronically signed by @ME@, @FDATE@

Refugee DME SmartText 16yo through 20yo Male (ETX):

*Restriction:*

Age 16 years through 20 years AND Male

*Content:*

### **INITIAL REFUGEE HEALTH ASSESSMENT**

@FNAME@ @LNAME@ is a @AGE@ @SEX@ refugee from {Nationality:27346} born in {Birth country:27348} arrived from {Country of Departure:27349} with past medical history significant for \*\*\* who presents for initial Domestic Medical Exam. @CAPHE@ is accompanied by @HIS@ {mother/father/sisters/brothers/children:22642}.

#### **Top Concerns Today:**

- \*\*\*
- \*\*\*

#### **Refugee History**

##### **Overseas Medical Exam & Pre-departure Treatment:**

{Refugee OME abstracted:23846::"Reviewed and abstracted into Epic"}

##### **Pre-Arrival History:**

{If not yet complete, please go to the [Social History Section](#) and use:

.REFUGEEIMMIGRATIONHISTORY to document the migration history if available. Use Ctrl+Shift+M to return to the Progress Note.}

@SOCDOC@

#### **Past Medical History:**

##### **Medical History:**

{Refugee Medical History (Add to Problem List as Applicable):23848::"Routine medical care"}

##### **Mental Health History:**

\*\*\*

##### **Development:**

Any concerns about development? [{Yes/No:21763::"No"}](#)

##### **Accidents/Injuries:**

\*\*\*

##### **Surgical History:**

{Refugee Surgical History:23849::"None"}

##### **Circumcision History:**

{Refugee circumcision:23850::"Never circumcised."}

**Medications:**

@CMED@

**Complementary & Alternative Medicine Therapies:**

\*\*\*

**Allergies:**

@ALLERGY@

**Immunizations:**

@IMM@

History of BCG Vaccination: {Refugee BCG Vaccination:23856::"No"}

**Family Medical History:** {If not yet complete, please go to the [Family History](#) section; please focus on tuberculosis (latent or active), hepatitis B or C, anemia, G6PD deficiency. Use Ctrl+Shift+M to return to the Progress Note.}

Customization Point: Sites that only screen children for HIV and syphilis if the parents are positive should be sure to include these conditions in the instruction above, e.g. "If not yet complete, please go to the [Family History](#) section; please focus on tuberculosis (latent or active), hepatitis B or C, anemia, G6PD deficiency, HIV and Syphilis. Use Ctrl+Shift+M to return to the Progress Note.

@FAMHX@

History of early death in the family? {Yes/No:21763::"No"}

Congenital Anomalies: {:23898}

**Health Maintenance Screening****Diet:** {Refugee Diet History:25971}**Oral Health Practices:**

Dental: Teeth Present: {:24304} , Brushing {:24304}, Seen a dentist: {:24304::"No"},

**Behavior/Mental Health Screen ([CDC Mental Health Screening Guidelines for Refugees](#)):**

{Refugee Mental Health Screen:26074::"Not completed"}

{Refugee Behavioral Concerns:26075}

Customization Point: Many institutions have specific mental health screening tools built into the EHR; if so, please replace the Behavior/Mental Health Screen section above.

**Adolescent Screening:**

History of sexual contact?: {yes/no/not asked:22259::Not asked}

Contraceptive method: {Contraceptive method:706::not applicable}

Substance use: {Refugee Substance Use:23952::"None"}

Customization Point: Some sites perform adolescent or adult risk screening at a follow-up visit.



**Review of Systems**

Tuberculosis symptoms: {Refugee TB ROS:23953}  
 Intestinal parasite ROS: {Refugee Intestinal Parasite ROS:23954}  
 Malaria ROS ([Malaria endemic regions](#)): {Refugee Malaria ROS:23956}  
 Under-nutrition ROS: {Refugee Under-Nutrition ROS:23958}  
 Skin infection ROS: {Refugee Skin Infection ROS:23959}  
 Lead Exposure ROS: {Refugee Lead Exposure ROS:23957}  
 Tobacco use in the family: \*\*\*

Other systems: \*\*\*

**Physical Exam****Customization point**

It is recommended that you use your organization's vital sign, growth parameter, and physical exam templates for age/gender.

@BMIFA@

@SFA@

@WFA@

@VS@

GENERAL: { :10010::"alert, no acute distress" }  
 HEAD: { :10055::"normocephalic, atraumatic" }  
 EYES: { :10056::"no scleral or conjunctival injection, PERRL" }  
 EARS: { :10014::"TMs clear bilaterally" }  
 NOSE: { :10016::"no nasal discharge or congestion" }  
 MOUTH/THROAT: { :10057::"moist mucosa, no exudate, no ulcers, tonsils normal" }  
 TEETH: { :10025::"normal" }  
 NECK: { :10018::"supple, full range of motion" }  
 CHEST: { :11332::"clear to auscultation" }  
 CARDIOVASCULAR: { :10061::"RRR, no murmurs, normal pulses" }  
 ABDOMEN: { :10022::"soft, non-tender, no organomegaly or masses" }  
 GU: { Genitourinary:14687 }  
 MUSCULOSKELETAL/SPINE: { :10063::"no joint swelling, no effusions, FROM" }  
 SKIN: { :10059::"no rashes" }  
 LYMPH NODES: { :10019::"no cervical adenopathy" }  
 NEUROLOGIC: { :10060::"grossly intact; strength, tone symmetrical" }

**Assessment:**

@FNAME@ is a @AGE@ @SEX@ refugee here for initial Domestic Medical Exam. @CAPHE@ is connected with {Refugee Agency:15718::"HIAS and Council (Hebrew Immigrant Aid Society)"} during their resettlement period.

\*\*\*

- Domestic Screening – communicable conditions:

- Hepatitis B: {Refugee DME Assessment - Hep B:24302}
- Hepatitis C: {Infected/Not Infected/\*\*:26478}
- HIV: {Infected/Not Infected/\*\*:26471}
- Intestinal Parasites: {Parasite Infection Status:27895}
- Malaria: {Symptom Assessment:26476}, {Malaria :25992}
- Strongyloides IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:24325::"Not Done"}
- Schistosoma IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:27900::"Not Done"}
- Syphilis: {Infected/Not Infected/\*\*:26473}
- Other STI: \*\*\*
- Tuberculosis: {Refugee DME Assessment - TB:24299}

Customization Point: Sites that use a different test modality will want to re-label these bullet points. Sites that don't test for Strongyloides or Schistosoma should leave these as is (the default is "Not Done"), as these will likely be Smart Data Elements for potential export to a state refugee health epidemiology program.

- Domestic Screening – non-communicable conditions:
  - Anemia: {Yes/No:21763::"No"}
  - Dental caries: {Yes/No:21763::"No"}
  - Eosinophilia ([CDC guidelines](#)): {Yes/No:21763::"No"}
  - Malnutrition: {Malnutrition Type:24377::"No"}
  - Hyperreactive Malaria Splenomegaly (HMS) Syndrome (see CDC guidelines for Congolese refugees [CDC Guidelines](#)): {Yes/No:21763::"No"}
  - Mental health concerns: {Yes/No:21763::"No"}
  - Other: \*\*\*

**Plan:**

@ASSESSPLAN@

- Letters provided: {Letters Provided:24378} ([Letters Activity](#))
- Return to clinic in \*\*\*

**Immunizations:** @IMMDUE@

CHOP-Specific  
Decision Support

**Counseling:** {Refugee - DME Counseling:24379}

**SCAN:** {Yes, No:75355}

CHOP-Specific  
Decision Support

Total provider contact time exceeded {billing time:11233::"40 minutes, with more than 20 minutes spent on counseling for LEVEL 5 ESTABLISHED VISIT"}

Electronically signed by @ME@, @FDATE@

## Refugee DME SmartText ≥21yo and Female (ETX)

### *Restriction:*

Age ≥21 years AND female

### *Content:*

## **INITIAL REFUGEE HEALTH ASSESSMENT**

@FNAME@ @LNAME@ is a @AGE@ @SEX@ refugee from {Nationality:27346} born in {Birth country:27348} arrived from {Country of Departure:27349} with past medical history significant for \*\*\* who presents for initial Domestic Medical Exam. @CAPHE@ is accompanied by @HIS@ {mother/father/sisters/brothers/children:22642}.

### **Top Concerns Today:**

- \*\*\*
- \*\*\*

### **Refugee History**

#### **Overseas Medical Exam & Pre-departure Treatment:**

{Refugee OME abstracted:23846::"Reviewed and abstracted into Epic"}

#### **Pre-Arrival History:**

{If not yet complete, please go to the [Social History Section](#) and use:  
.REFUGEEIMGRATIONHISTORY to document the migration history if available. Use Ctrl+Shift+M to return to the Progress Note.  
@SOCDOC@

### **Past Medical History:**

#### **Medical History:**

{Refugee Medical History (Add to Problem List as Applicable):23848::"Routine medical care"}

#### **Mental Health:**

\*\*\*

#### **Accidents/Injuries:**

\*\*\*

#### **Surgical History:**

{Refugee Surgical History:23849::"None"}

#### **Circumcision History:**

{Refugee circumcision:23850::"Never circumcised."}

#### **Pregnancy History:**

{Refugee Pregnancy History:26095::"G0P0"}

#### **Medications:**

@CMED@

### **Complementary & Alternative Medicine Therapies:**

\*\*\*

### **Allergies:**

@ALLERGY@

### **Immunizations:**

@IMM@

History of BCG Vaccination: {Refugee BCG Vaccination:23856::"No"}

**Family Medical History:** {If not yet complete, please go to the [Family History](#) section; please focus on tuberculosis (latent or active), hepatitis B or C, anemia, G6PD deficiency. Use Ctrl+Shift+M to return to the Progress Note.}

@FAMHX@

History of early death in the family? {Yes/No:21763::"No"}

Congenital Anomalies: {:23898}

### **Health Maintenance Screening**

**Diet:** {Refugee Diet History:25971}

### **Oral Health Practices:**

Dental: Teeth Present: { :24304} , Brushing { :24304}, Seen a dentist: { :24304::"No"},

### **Behavior/Mental Health Screen ([CDC Mental Health Screening Guidelines for Refugees](#)):**

{Refugee Mental Health Screen:26074::"Not completed"}

{Refugee Behavioral Concerns:26075}

Customization Point: Many institutions have specific mental health screening tools built into the EHR; if so, please replace the Behavior/Mental Health Screen section above.

### **Sexual Health & Substance Use Screening:**

Menarche: \*\*\*

Last menstrual period: \*\*\*

History of sexual contact?: {yes/no/not asked:22259::Not asked}

Contraceptive method: {Contraceptive method:706::not applicable}

Substance use: {Refugee Substance Use:23952::"None"}

### **Review of Systems**

Tuberculosis symptoms: {Refugee TB ROS:23953}

Intestinal parasite ROS: {Refugee Intestinal Parasite ROS:23954}

Malaria ROS ([Malaria endemic regions](#)): {Refugee Malaria ROS:23956}

Under-nutrition ROS: {Refugee Under-Nutrition ROS:23958}

Skin infection ROS: {Refugee Skin Infection ROS:23959}

Tobacco use in the family: \*\*\*

Other systems: \*\*\*

### **Physical Exam**

#### **Customization point**

It is recommended that you use your organization's vital sign, growth parameter, and physical exam templates for adult women.

### **Assessment:**

@FNAME@ is a @AGE@ @SEX@ refugee here for initial Domestic Medical Exam. @CAPHE@ is connected with {Refugee Agency:15718::"HIAS and Council (Hebrew Immigrant Aid Society)"} during their resettlement period.

\*\*\*

- Domestic Screening – communicable conditions:
  - Hepatitis B: {Refugee DME Assessment - Hep B:24302}
  - Hepatitis C: {Infected/Not Infected/\*\*:26478}
  - HIV: {Infected/Not Infected/\*\*:26471}
  - Intestinal Parasites: {Parasite Infection Status:27895}
  - Malaria: {Symptom Assessment:26476}, {Malaria :25992}
  - Strongyloides IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:24325::"Not Done"}
  - Schistosoma IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:27900::"Not Done"}
  - Syphilis: {Infected/Not Infected/\*\*:26473}
  - Other STI: \*\*\*
  - Tuberculosis: {Refugee DME Assessment - TB:24299}

**Customization Point:** Sites that use a different test modality will want to re-label these bullet points. Sites that don't test for Strongyloides or Schistosoma should leave these as is (the default is "Not Done"), as these will likely be Smart Data Elements for potential export to a state refugee health epidemiology program.

- Domestic Screening – non-communicable conditions:
  - Anemia: {Yes/No:21763::"No"}
  - Dental caries: {Yes/No:21763::"No"}
  - Eosinophilia ([CDC guidelines](#)): {Yes/No:21763::"No"}
  - Malnutrition: {Malnutrition Type:24377::"No"}
  - Hyperreactive Malaria Splenomegaly (HMS) Syndrome (see CDC guidelines for Congolese refugees [CDC Guidelines](#)): {Yes/No:21763::"No"}
  - Mental health concerns: {Yes/No:21763::"No"}
  - Pregnancy: {Yes/No:21763::"No"}
  - Other: \*\*\*

### **Plan:**

@ASSESSPLAN@

- Return to clinic in \*\*\*

**Immunizations:** @IMMDUE@

CHOP-Specific  
Decision Support

**Counseling:** {Refugee - DME Counseling:24379}

**SCAN:** {Yes, No:75355}

CHOP-Specific  
Decision Support

Total provider contact time exceeded {billing time:11233::"40 minutes, with more than 20 minutes spent on counseling for LEVEL 5 ESTABLISHED VISIT"}

Electronically signed by @ME@, @FDATE@

## Refugee DME SmartText ≥21yo and Male (ETX):

### Restriction:

Age ≥21 years AND Male

### Content:

## **INITIAL REFUGEE HEALTH ASSESSMENT**

@FNAME@ @LNAME@ is a @AGE@ @SEX@ refugee from {Nationality:27346} born in {Birth country:27348} arrived from {Country of Departure:27349} with past medical history significant for \*\*\* who presents for initial Domestic Medical Exam. @CAPHE@ is accompanied by @HIS@ {mother/father/sisters/brothers/children:22642}.

### **Top Concerns Today:**

- \*\*\*
- \*\*\*

### **Refugee History**

#### **Overseas Medical Exam & Pre-departure Treatment:**

{Refugee OME abstracted:23846::"Reviewed and abstracted into Epic"}

#### **Pre-Arrival History:**

{If not yet complete, please go to the [Social History Section](#) and use:  
.REFUGEEIMGRATIONHISTORY to document the migration history if available. Use Ctrl+Shift+M to return to the Progress Note.  
@SOCDOC@

### **Past Medical History:**

#### **Medical History:**

{Refugee Medical History (Add to Problem List as Applicable):23848::"Routine medical care"}

#### **Mental Health:**

\*\*\*

#### **Accidents/Injuries:**

\*\*\*

#### **Surgical History:**

{Refugee Surgical History:23849::"None"}

#### **Circumcision History:**

{Refugee circumcision:23850::"Never circumcised."}

#### **Medications:**

@CMED@

#### **Complementary & Alternative Medicine Therapies:**

\*\*\*

### Allergies:

@ALLERGY@

### Immunizations:

@IMM@

History of BCG Vaccination: {Refugee BCG Vaccination:23856::"No"}

**Family Medical History:** {If not yet complete, please go to the [Family History](#) section; please focus on tuberculosis (latent or active), hepatitis B or C, anemia, G6PD deficiency. Use Ctrl+Shift+M to return to the Progress Note.}

@FAMHX@

History of early death in the family? {Yes/No:21763::"No"}

Congenital Anomalies: {:23898}

### Health Maintenance Screening

**Diet:** {Refugee Diet History:25971}

### Oral Health Practices:

Dental: Teeth Present: { :24304} , Brushing { :24304}, Seen a dentist: { :24304::"No"},

### Behavior/Mental Health Screen ([CDC Mental Health Screening Guidelines for Refugees](#)):

{Refugee Mental Health Screen:26074::"Not completed"}

{Refugee Behavioral Concerns:26075}

Customization Point: Many institutions have specific mental health screening tools built into the EHR; if so, please replace the Behavior/Mental Health Screen section above.

### Sexual Health & Substance Use Screening:

History of sexual contact?: {yes/no/not asked:22259::Not asked}

Contraceptive method: {Contraceptive method:706::not applicable}

Substance use: {Refugee Substance Use:23952::"None"}

### Review of Systems

Tuberculosis symptoms: {Refugee TB ROS:23953}

Intestinal parasite ROS: {Refugee Intestinal Parasite ROS:23954}

Malaria ROS ([Malaria endemic regions](#)): {Refugee Malaria ROS:23956}

Under-nutrition ROS: {Refugee Under-Nutrition ROS:23958}

Skin infection ROS: {Refugee Skin Infection ROS:23959}

Tobacco use in the family: \*\*\*

Other systems: \*\*\*

### Physical Exam

Customization point

It is recommended that you use your organization's vital sign, growth parameter, and physical exam templates for adult men.



**Assessment:**

@FNAME@ is a @AGE@ @SEX@ refugee here for initial Domestic Medical Exam. @CAPHE@ is connected with {Refugee Agency:15718::"HIAS and Council (Hebrew Immigrant Aid Society)"} during their resettlement period.

\*\*\*

- Domestic Screening – communicable conditions:
  - Hepatitis B: {Refugee DME Assessment - Hep B:24302}
  - Hepatitis C: {Infected/Not Infected/\*\*:26478}
  - HIV: {Infected/Not Infected/\*\*:26471}
  - Intestinal Parasites: {Parasite Infection Status:27895}
  - Malaria: {Symptom Assessment:26476}, {Malaria :25992}
  - Strongyloides IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:24325::"Not Done"}
  - Schistosoma IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:27900::"Not Done"}
  - Syphilis: {Infected/Not Infected/\*\*:26473}
  - Other STI: \*\*\*
  - Tuberculosis: {Refugee DME Assessment - TB:24299}

Customization Point: Sites that use a different test modality will want to re-label these bullet points. Sites that don't test for Strongyloides or Schistosoma should leave these as is (the default is "Not Done"), as these will likely be Smart Data Elements for potential export to a state refugee health epidemiology program.

- Domestic Screening – non-communicable conditions:
  - Anemia: {Yes/No:21763::"No"}
  - Dental caries: {Yes/No:21763::"No"}
  - Eosinophilia ([CDC guidelines](#)): {Yes/No:21763::"No"}
  - Malnutrition: {Malnutrition Type:24377::"No"}
  - Hyperreactive Malaria Splenomegaly (HMS) Syndrome (see CDC guidelines for Congolese refugees [CDC Guidelines](#)): {Yes/No:21763::"No"}
  - Mental health concerns: {Yes/No:21763::"No"}
  - Other: \*\*\*

**Plan:**

@ASSESSPLAN@

- Return to clinic in \*\*\*

**Immunizations:** @IMMDUE@

CHOP-Specific  
Decision Support

**Counseling:** {Refugee - DME Counseling:24379}

**SCAN:** {Yes, No:75355}

CHOP-Specific  
Decision Support

Total provider contact time exceeded {billing time:11233::"40 minutes, with more than 20 minutes spent on counseling for LEVEL 5 ESTABLISHED VISIT"}  
Electronically signed by @ME@, @FDATE@

## SmartLists for DME Documentation:

### One-Liner:

@FNAME@ @LNAME@ is a @AGE@ @SEX@ refugee from {Nationality:27346} born in {Birth country:27348} arrived from {Country of Departure:27349} with past medical history significant for \*\*\* who presents for initial Domestic Medical Exam. @CAPHE@ is accompanied by @HIS@ {mother/father/sisters/brothers/children:22642}.

@FNAME@ @LNAME@ is a @AGE@ @SEX@ refugee from {Nationality:27346} born in {Birth country:27348} arrived from {Country of Departure:27349} with past medical history significant for \*\*\* who presents for initial Domestic Medical Exam. @CAPHE@ is accompanied by @HIS@ {mother/father/sisters/brothers/children:22642}.

@FNAME@ @LNAME@ is a @AGE@ @SEX@ refugee from {Nationality:27346} born in {Birth country:27348} arrived from {Country of Departure:27349} with past medical history significant for \*\*\* who presents for initial Domestic Medical Exam. @CAPHE@ is accompanied by @HIS@ {mother/father/sisters/brothers/children:22642}.

Note: For {Nationality:27346}, {Birth country:27348}, and {Country of Departure:27349}, the purpose of this SmartList with only a wildcard (\*\*\*) is to allow the data entered by the clinician for these fields to be captured in a SmartData Element. Thus, this SmartList must be *refreshable*.

Customization Point: Of note, using a wildcard allows the user to enter anything, misspell the country name, etc. An alternative approach would be to include a nested SmartList that starts with all regions of the world, followed by an alphabetic list of every country in each region. This approach would improve data quality, however it was felt by the Refugee working group that it would place an undue burden on the documenting clinician. Institutions that want to gather data on the Nationality, Birth country, and Country of Departure of their patients but do not have resources to clean these data once collected may prefer the nested SmartList approach.

@FNAME@ @LNAME@ is a @AGE@ @SEX@ refugee from {nationality} born in {birth country} arrived from {arrival country} with past medical history significant for \*\*\* who presents for initial Domestic Medical Exam. @CAPHE@ is accompanied by @HIS@ {mother/father/sisters/brothers/children:22642}.

### Top Concerns Today:

- \*\*\*
- \*\*\*

mother
father
*** sisters
*** brothers
*** children
***

### Refugee History

#### Refugee History:

##### Refugee History

##### Overseas Medical Exam & Pre-departure Treatment:

{Refugee OME abstracted:23846:"Reviewed and abstracted into Epic"}

##### Pre-Arrival History:

{If not yet complete, please go to the [Social History Section](#) and use: .REFUGEEIMMIGRATIONHISTORY to document the migration history}

Reviewed and abstracted into Epic

{Refugee OME Abstraction Template at DME:TXT,19656}  
OME Not Available

\*\*\*

Of note, for patients who did not have an Overseas Medical Exam abstracted before the provider visit, there is an option to select {Refugee OME Abstraction Template at DME:TXT,19656}. This SmartText is equivalent to Refugee OME Abstraction (ETX) described above in the Pre-Visit SmartSet, except that it ends at "Other issues: \*\*\*" and does NOT contain a link to the Social History section, Physical Exam, or Care Coordination.

#### Birth History:

#### Past Medical History:

#### Birth History:

Born {birthplace:25993::"in a hospital"} {GA, Weight:25994::"on time"} {with\_without:18287} complications. \*\*\*

in a hospital  
in a clinic  
at home

#### Medical History:

{Refugee Medical History (Add to Problem List as Applicable):23848::"Routine medical care"}

#### Past Medical History:

#### Birth History:

Born {birthplace:25993::"in a hospital"} {GA, Weight:25994::"on time"} {with\_without:18287} complications. \*\*\*

on time  
early \*\*\*  
with a birth weight of \*\*\*

#### Medical History:

{Refugee Medical History (Add to Problem List as Applicable):23848::"Routine medical care"}

#### Past Medical History:

#### Birth History:

Born {birthplace:25993::"in a hospital"} {GA, Weight:25994::"on time"} {with\_without:18287} complications. \*\*\*

with  
without  
\*\*\*

#### Medical History:

{Refugee Medical History (Add to Problem List as Applicable):23848::"Routine medical care"}

#### Medical History:

{Refugee Medical History (Add to Problem List as Applicable):23848::"Routine medical care"}

#### Accidents/Injuries:

\*\*\*

#### Surgical History:

{Refugee Surgical History:23849::"None"}

#### Circumcision History:

{Refugee circumcision:23850::"Never circumcised."}

Routine medical care  
No routine medical care  
Hospitalizations: {Yes/No:21763}  
Specialty doctors: {Yes/No:21763}  
Malaria: {Yes/No:21763}  
Tuberculosis: {Yes/No:21763}  
Blood transfusion: {Yes/No:21763}  
Jaundice/Hepatitis: {Yes/No:21763}  
\*\*\*

{Yes/No:21763}

Yes \*\*\*  
No

es:

*Surgical History:***Surgical History:**

{Refugee Surgical History:23849::"None"}

**Circumcision History:**

{Refugee circumcision:23850::"Never circum"}

Traditional scarring {Add to Problem List}

Uvulectomy {Add to Problem List}

None

\*\*\*

*Pregnancy History (≥12yo and female)***Pregnancy History:**

{Refugee Pregnancy History:26095::"G0P0"}

**Circumcision History:**

{Refugee circumcision:23850::"Never circum"}

G0P0

Gravity: \*\*\*, Parity: \*\*\*, Miscarriages: \*\*\*, Abortions: \*\*\*, Living: \*\*\*

History of Pregnancy Complications {None, and free text:20663}

\*\*\*

**Mental Health:***Circumcision History:***Circumcision History:**

{Refugee circumcision:23850::"Never circumcised."}

**Mental Health:**

\*\*\*

Circumcised at age \*\*\*

Never circumcised.

Not assessed

\*\*\*

*Immunizations:***Immunizations:**

@IMM@

History of BCG Vaccination: {Refugee BCG Vaccination:23856::"No"}

Yes {date} {Please add to Immunizations Activity}

No

**Family Medical History:** {If not yet complete, please go to the [Family](#) focus on tuberculosis (latent or active), hepatitis B or C, anemia, G6PD  
Ctrl+Shift+M to return to the Progress Note }

Unknown

\*\*\*

*Family Medical History:***Family Medical History:** {If not yet complete, please go to the [Family History](#) section; please focus on tuberculosis (latent or active), hepatitis B or C, anemia, G6PD deficiency. Use Ctrl+Shift+M to return to the Progress Note.}

@FAMHX@

History of early death in the family? {Yes/No:21763::"No"}

Congenital Anomalies: {23898}

No obvious or reported concerns.

**Health Maintenance Screening**

Yes. Are {LNK,FNAME}'s parents related to each other? {Yes/No:21763}

Diet:**Health Maintenance Screening**

Diet: {Refugee Diet History:25971}

**Oral Health Practices:**

Dental: Teeth Present: { :24304 } , B

Fluoride: Fluoride {IS/IS NOT:9024

not"} receiving fluoride supplements

dental varnish do .DENTALVARNI

No special diet  
 Limited food prior to arrival \*\*\*  
 Vegan  
 Vegetarian  
 Halal  
 Kosher  
 \*\*\*

Oral Health Practices:**Oral Health Practices:**

Dental: Teeth Present: { :24304 } , Brushing { :24304 } , Seen a dentist: { :24304::"No" } ,

Fluoride: Fluoride {IS/IS NOT:9024::"is"} in water supply. Currently {IS/IS NOT:9024::"is

not"} receiving fluoride supplements. Needs Fluoride Treatment: { :24304::"Yes" } {if doing

dental varnish do .DENTALVARNISH and then remove this reminder}

Yes  
 No  
 N/A  
 \*\*\*

**Oral Health Practices:**

Dental: Teeth Present: { :24304 } , Brushing { :24304 } , Seen a dentist: { :24304::"No" } ,

Fluoride: Fluoride {IS/IS NOT:9024::"is"} in water supply. Currently {IS/IS NOT:9024::"is

not"} receiving fluoride supplements. Needs Fluoride Treatment: { :24304::"Yes" } {if doing

dental varnish do .DENTALVARNISH and then remove this reminder}

is  
 is not  
 is unknown

**Developmental Screen:**Behavior/Mental Health Screen**Behavior/Mental Health Screen (CDC Mental Health Screening Guidelines for Refugees):**

{Refugee Mental Health Screen:26074::"Not completed"}

{Refugee Behavioral Concerns:26075}

Completed \*\*\*  
 Completed RHS-15  
 Completed SDQ  
 Not Completed  
 \*\*\*

**Review of Systems**

Tuberculosis symptoms: {Refugee TB ROS:23953}

Intestinal parasite ROS: {Refugee Intestinal Parasite ROS:23954}

Malaria ROS (Malaria endemic regions): {Refugee Malaria ROS:23956}

**Behavior/Mental Health Screen (CDC Mental Health Screening Guidelines for Refugees):**

{Refugee Mental Health Screen:26074::"Not completed"}

{Refugee Behavioral Concerns:26075}

**Review of Systems**

Tuberculosis symptoms: {Refugee TB

No concerns  
 Concerns as follows: \*\*\*  
 \*\*\*

*Adolescent Screening (Age ≥12yo; Note questions re: Menarche & LMP only appear for females)*

**Adolescent Screening:**

Menarche: \*\*\*

Last menstrual period: \*\*\*

History of sexual contact?: {yes/no/not asked:22259::Not asked}

Contraceptive method: {Contraceptive method:706::not applicable}

Substance use: {Refugee Substance Use:23952::"None"}

Yes  
No  
\*\*\*  
Not asked

**Adolescent Screening:**

Menarche: \*\*\*

Last menstrual period: \*\*\*

History of sexual contact?: {yes/no/not asked:22259::Not asked}

Contraceptive method: {Contraceptive method:706::not applicable}

Substance use: {Refugee Substance Use:23952::"None"}

**Review of Systems**

Tuberculosis symptoms: {Refugee TB ROS:23953}

Intestinal parasite ROS: {Refugee Intestinal Parasite ROS:23954}

Malaria ROS ([Malaria endemic regions](#)): {Refugee Malaria ROS:23955}

Lead Exposure ROS: {Refugee Lead Exposure ROS:23957}

Under-nutrition ROS: {Refugee Under-Nutrition ROS:23958}

Skin infection ROS: {Refugee Skin Infection ROS:23959}

Tobacco use in the family: \*\*\*

Other substance use: \*\*\*

Other systems: \*\*\*

none  
oral contraceptives  
Norplant  
Depo Provera  
IUD  
sponge  
diaphragm  
cervical cap  
condoms  
periodic abstinence  
withdrawal  
vasectomy  
tubal ligation  
hysterectomy  
\*\*\*  
not applicable

**Physical Exam**

@BMIFA@

**Adolescent Screening:**

Menarche: \*\*\*

Last menstrual period: \*\*\*

History of sexual contact?: {yes/no/not asked:22259::Not asked}

Contraceptive method: {Contraceptive method:706::not applicable}

Substance use: {Refugee Substance Use:23952::"None"}

**Review of Systems**

Tuberculosis symptoms: {Refugee TB ROS:23953}

Intestinal parasite ROS: {Refugee Intestinal Parasite ROS:23954}

Malaria ROS ([Malaria endemic regions](#)): {Refugee Malaria ROS:23955}

Betel  
Khat  
Tobacco, sheesha or argileh  
Alcohol  
None  
\*\*\*

*Review of Systems:***Review of Systems**

Tuberculosis symptoms: {Refugee TB ROS:23953::"no symptoms of TB"}

cough

weight loss

marked lymphadenopathy

exposure to TB. Any household contacts (not present) that need to be screened for TB? {Yes/No:21763::No}

no symptoms of TB

\*\*\*

**Review of Systems**

Tuberculosis symptoms: {Refugee TB ROS:23953::"no symptoms of TB"}

Intestinal parasite ROS: {Refugee Intestinal Parasite ROS:23954::"no symptoms of intestinal parasitic infection"}

Malaria ROS (Malaria endemic regions): {Refugee Malaria ROS:23956::"no symptoms of malaria"}

Under-nutrition ROS: {Refugee Under-Nutrition ROS:23958::"no symptoms of under-nutrition"}

Skin infection ROS: {Refugee Skin Infection ROS:23959::"no skin complaints"}

Lead Exposure ROS: {Refugee Lead Exposure ROS:23957::"No known lead exposures"}

Tobacco use in the family: \*\*\*

diarrhea

abdominal pain

prior parasitic intestinal infection

no symptoms of intestinal parasitic infection

\*\*\*

**Review of Systems**

Tuberculosis symptoms: {Refugee TB ROS:23953::"no symptoms of TB"}

Intestinal parasite ROS: {Refugee Intestinal Parasite ROS:23954::"no symptoms of intestinal parasitic infection"}

Malaria ROS (Malaria endemic regions): {Refugee Malaria ROS:23956::"no symptoms of malaria"}

Under-nutrition ROS: {Refugee Under-Nutrition ROS:23958::"no symptoms of under-nutrition"}

Skin infection ROS: {Refugee Skin Infection ROS:23959::"no skin complaints"}

Lead Exposure ROS: {Refugee Lead Exposure ROS:23957::"No known lead exposures"}

Tobacco use in the family: \*\*\*

fever

chills

prior malaria infection \*\*\*

no symptoms of malaria

\*\*\*



**Review of Systems**

Tuberculosis symptoms: {Refugee TB ROS:23953::"no symptoms of TB"}

Intestinal parasite ROS: {Refugee Intestinal Parasite ROS:23954::"no symptoms of intestinal parasitic infection"}

Malaria ROS (Malaria endemic regions): {Refugee Malaria ROS:23956::"no symptoms of malaria"}

Under-nutrition ROS: {Refugee Under-Nutrition ROS:23958::"no symptoms of under-nutrition"}

Skin infection ROS: {Refugee Skin Infection ROS:23959::"no skin complaints"}

Lead Exposure ROS: {Refugee Lead Exposure ROS:23957::"No known lead exposures"}

Tobacco use in the family: \*\*\*

Other systems: \*\*\*

**Physical Exam**

No height and weight on file for this encounter.

No height on file for this encounter.

No weight on file for this encounter.

There were no vitals taken for this visit.

dry eyes  
bleeding gums {concerning for scurvy}  
angular cheilitis {concerning for vitamin deficiencies}  
perifollicular hemorrhage {concerning for scurvy}  
goiter {concerning for iodine deficiency}  
abdominal distension {concerning for kwashiorkor}  
bone pain {concerning for rickets}  
dry, depigmented hair  
stunting, short stature  
difficulty gaining weight  
generalized edema  
no symptoms of under-nutrition  
\*\*\*

**Review of Systems**

Tuberculosis symptoms: {Refugee TB ROS:23953::"no symptoms of TB"}

Intestinal parasite ROS: {Refugee Intestinal Parasite ROS:23954::"no symptoms of intestinal parasitic infection"}

Malaria ROS (Malaria endemic regions): {Refugee Malaria ROS:23956::"no symptoms of malaria"}

Under-nutrition ROS: {Refugee Under-Nutrition ROS:23958::"no symptoms of under-nutrition"}

Skin infection ROS: {Refugee Skin Infection ROS:23959::"no skin complaints"}

Lead Exposure ROS: {Refugee Lead Exposure ROS:23957::"No known lead exposures"}

Tobacco use in the family: \*\*\*

Other systems: \*\*\*

**Physical Exam**

itchy annular lesions {concerning for tinea}  
bald patches {concerning for tinea capitis}  
itchy papules {concerning for scabies}  
lice or nits in hair  
no skin complaints  
\*\*\*

**Review of Systems**

Tuberculosis symptoms: {Refugee TB ROS:23953::"no symptoms of TB"}

Intestinal parasite ROS: {Refugee Intestinal Parasite ROS:23954::"no symptoms of intestinal parasitic infection"}

Malaria ROS (Malaria endemic regions): {Refugee Malaria ROS:23956::"no symptoms of malaria"}

Under-nutrition ROS: {Refugee Under-Nutrition ROS:23958::"no symptoms of under-nutrition"}

Skin infection ROS: {Refugee Skin Infection ROS:23959::"no skin complaints"}

Lead Exposure ROS: {Refugee Lead Exposure ROS:23957::"No known lead exposures"}

Tobacco use in the family: \*\*\*

Other systems: \*\*\*

**Physical Exam**

No height and weight on file for this encounter.

No height on file for this encounter.

No weight on file for this encounter.

Kohl eyeliner  
Thanaka cosmetic {common in Burma}  
Use of motor vehicle batteries as home electrical source  
Leaded gasoline  
Imported home remedies or spices  
Malnutrition  
No known lead exposures  
\*\*\*

**Physical Exam**

Customization Point: Each organization should enter their age-appropriate physical exam into this section including growth parameters.

At CHOP, for children <2yo, we include:

@HCFA@: Head circumference for age



@WFL@: Weight for length  
 @SFA@: Stature (length) for age  
 @WFA@: Weight for age

At CHOP, for children 2yo through 5yo, we include:

@BMIFA@: Body Mass Index for age  
 @SFA@: Stature (length) for age  
 @WFA@: Weight for age

\*\*\*

#### Assessment:

##### Assessment:

@FNAME@ is a @AGE@ @SEX@ refugee here for initial Domestic Medical Exam.  
 @CAPHE@ is connected with {Refugee Agency:15718:"HIAS and Council (Hebrew Immigrant Aid Society)"}, during their resettlement period.

\*\*\* Customization  
 point

##### • Domestic Screening –

HIAS and Council (Hebrew Immigrant Aid Society)  
 NSC (Nationalities Service Center),  
 LCFS (Lutheran Children and Family Services)

Add the resettlement agencies that work with the most refugees at your institution to the list and remove agencies that you do not work with.

#### Domestic Screening – communicable conditions:

##### • Domestic Screening – communicable conditions:

- Hepatitis B: {Refugee DME Assessment - Hep B:24302}
- Hepatitis C: {Infected/Not Infected/\*\*:26478}
- HIV: {Infected/Not Infected/\*\*:26471}
- Intestinal Parasites: {Parasite Infection Status:27895}
- Malaria: {Symptom Assessment:26476}, {Malaria : Symptom Assessment:26476}
- Strongyloides IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:24325::"Not Done"}
- Schistosoma IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:27900::"Not Done"}
- Syphilis: {Infected/Not Infected/\*\*:26473}
- Tuberculosis: {Refugee DME Assessment - TB:24299}

immunity with no evidence of past exposure  
 past infection with evidence of immunity  
 no evidence of immunity or past exposure; susceptible  
 surface antigen positive \*\*\*  
 isolated core antibody positive \*\*\*  
 \*\*\*

##### • Domestic Screening – communicable conditions:

- Hepatitis B: {Refugee DME Assessment - Hep B:24302}
- Hepatitis C: {Infected/Not Infected/\*\*:26478}
- HIV: {Infected/Not Infected/\*\*:26471}
- Intestinal Parasites: {Parasite Infection Status:27895}
- Malaria: {Symptom Assessment:26476}, {Malaria : Symptom Assessment:26476}
- Strongyloides IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:24325::"Not Done"}
- Schistosoma IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:27900::"Not Done"}
- Syphilis: {Infected/Not Infected/\*\*:26473}
- Tuberculosis: {Refugee DME Assessment - TB:24299}

Infected, {Referral:26477}  
 Not infected  
 Unknown  
 \*\*\*

- Domestic Screening – communicable conditions:
  - Hepatitis B: {Refugee DME Assessment - Hep B:24302}
  - Hepatitis C: {Infected/Not Infected/\*\*:26478}
  - HIV: {Infected/Not Infected/\*\*:26471}
  - Intestinal Parasites: {Parasite Infection Status:27895} **Infected \*\*\***
  - Malaria: {Symptom Assessment:26476}, {Malaria : Symptoms"} **Not infected**
  - Strongyloides IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:24325::"Not Done"} **Unknown \*\*\***
  - Schistosoma IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:27900::"Not Done"}
  - Syphilis: {Infected/Not Infected/\*\*:26473}
  - Tuberculosis: {Refugee DME Assessment - TB:24299}
  
- Domestic Screening – communicable conditions:
  - Hepatitis B: {Refugee DME Assessment - Hep B:24302}
  - Hepatitis C: {Infected/Not Infected/\*\*:26478}
  - HIV: {Infected/Not Infected/\*\*:26471}
  - Intestinal Parasites: {Parasite Infection Status:27895}
  - Malaria: {Symptom Assessment:26476}, {Malaria : Symptoms"} **Not Tested, {Presumptive Treatment:27897}**
  - Strongyloides IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:24325::"Not Done"} **Confirmed infection with {Parasite:27896}**
  - Schistosoma IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:27900::"Not Done"} **Suspected infection \*\*\***
  - Syphilis: {Infected/Not Infected/\*\*:26473}
  - Tuberculosis: {Refugee DME Assessment - TB:24299}
  
- Domestic Screening – communicable conditions:
  - Hepatitis B: {Refugee DME Assessment - Hep B:24302}
  - Hepatitis C: {Infected/Not Infected/\*\*:26478}
  - HIV: {Infected/Not Infected/\*\*:26471}
  - Intestinal Parasites: Not Tested, {Presumptive Treatment:27897}
  - Malaria: {Symptom Assessment:26476}, {Malaria : Symptoms"} **Predeparture Presumptive Treatment Confirmed**
  - Strongyloides IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:24325::"Not Done"} **Domestic Presumptive Treatment Given \*\*\***
  - Schistosoma IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:27900::"Not Done"}
  - Syphilis: {Infected/Not Infected/\*\*:26473}
  - Tuberculosis: {Refugee DME Assessment - TB:24299}

- Domestic Screening – communicable conditions:
  - Hepatitis B: {Refugee DME Assessment - Hep B:24302}
  - Hepatitis C: {Infected/Not Infected/\*\*:26478}
  - HIV: {Infected/Not Infected/\*\*:26471}
  - Intestinal Parasites: Confirmed infection with {Parasite:27896}
  - Malaria: {Symptom Assessment:26476}, {Malaria : Symptoms
  - Strongyloides IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:24325::"Not Done"}
  - Schistosoma IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:27900::"Not Done"}
  - Syphilis: {Infected/Not Infected/\*\*:26473}
  - Tuberculosis: {Refugee DME Assessment - TB:24299}
- Domestic Screening – non-communicable conditions:
  - Anemia: {Yes/No:21763::"No"}
  - Dental caries: {Yes/No:21763::"No"}
  - Elevated blood lead (PA Department of Health): {Yes/No:21763::"No"}
  - Eosinophilia (CDC guidelines): {Yes/No:21763::"No"}
- Domestic Screening – communicable conditions:
  - Hepatitis B: {Refugee DME Assessment - Hep B:24302}
  - Hepatitis C: {Infected/Not Infected/\*\*:26478}
  - HIV: {Infected/Not Infected/\*\*:26471}
  - Intestinal Parasites: {Parasite Infection Status:27895}
  - Malaria: {Symptom Assessment:26476}, {Malaria :25992}
  - Strongyloides IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:24325::"Not Done"}
  - Schistosoma IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:27900::"Not Done"}
  - Syphilis: {Infected/Not Infected/\*\*:26473}
  - Tuberculosis: {Refugee DME Assessment - TB:24299}
- Domestic Screening – communicable conditions:
  - Hepatitis B: {Refugee DME Assessment - Hep B:24302}
  - Hepatitis C: {Infected/Not Infected/\*\*:26478}
  - HIV: {Infected/Not Infected/\*\*:26471}
  - Intestinal Parasites: {Parasite Infection Status:27895}
  - Malaria: {Symptom Assessment:26476}, {Malaria :25992}
  - Strongyloides IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:24325::"Not Done"}
  - Schistosoma IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:27900::"Not Done"}
  - Syphilis: {Infected/Not Infected/\*\*:26473}
  - Tuberculosis: {Refugee DME Assessment - TB:24299}
- Domestic Screening – communicable conditions:
  - Hepatitis B: {Refugee DME Assessment - Hep B:24302}
  - Hepatitis C: {Infected/Not Infected/\*\*:26478}
  - HIV: {Infected/Not Infected/\*\*:26471}
  - Intestinal Parasites: {Parasite Infection Status:27895}
  - Malaria: {Symptom Assessment:26476}, {Malaria :25992}
  - Strongyloides IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:24325::"Not Done"}
  - Schistosoma IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:27900::"Not Done"}
  - Syphilis: {Infected/Not Infected/\*\*:26473}
  - Tuberculosis: {Refugee DME Assessment - TB:24299}
- Domestic Screening – communicable conditions:
  - Hepatitis B: {Refugee DME Assessment - Hep B:24302}
  - Hepatitis C: {Infected/Not Infected/\*\*:26478}
  - HIV: {Infected/Not Infected/\*\*:26471}
  - Intestinal Parasites: {Parasite Infection Status:27895}
  - Malaria: {Symptom Assessment:26476}, Screening not performed ({Reason:27898})
  - Strongyloides IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:24325::"Not Done"}
  - Schistosoma IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:27900::"Not Done"}
  - Syphilis: {Infected/Not Infected/\*\*:26473}
  - Tuberculosis: {Refugee DME Assessment - TB:24299}
- Domestic Screening – communicable conditions:
  - Hepatitis B: {Refugee DME Assessment - Hep B:24302}
  - Hepatitis C: {Infected/Not Infected/\*\*:26478}
  - HIV: {Infected/Not Infected/\*\*:26471}
  - Intestinal Parasites: {Parasite Infection Status:27895}
  - Malaria: {Symptom Assessment:26476}, Screening not performed ({Reason:27898})
  - Strongyloides IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:24325::"Not Done"}
  - Schistosoma IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:27900::"Not Done"}
  - Syphilis: {Infected/Not Infected/\*\*:26473}
  - Tuberculosis: {Refugee DME Assessment - TB:24299}

Ascaris  
Clonorchis  
Dientamoeba fragilis  
Entamoeba histolytica  
Giardia  
Hookworm  
Paragonimus  
Schistosoma  
Tapeworm  
Trichuris  
Other: \*\*\*

Asymptomatic  
Symptomatic  
\*\*\*

Screening not performed ({Reason:27898})  
Screening negative  
Screening positive, {Species:27899}. {Referral:26475}  
\*\*\*

Not from an endemic country  
Pre-departure presumptive treatment confirmed  
Domestic presumptive treatment given  
\*\*\*

- Domestic Screening – communicable conditions:
  - Hepatitis B: {Refugee DME Assessment - Hep B:24302}
  - Hepatitis C: {Infected/Not Infected/\*\*:26478}
  - HIV: {Infected/Not Infected/\*\*:26471}
  - Intestinal Parasites: {Parasite Infection Status:27895}
  - Malaria: {Symptom Assessment:26476}, Screening positive, {Species:27899}, {Referral:26475}
  - Strongyloides IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:24325::"Not Done"}
  - Schistosoma IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:27900::"Not Done"}
  - Syphilis: {Infected/Not Infected/\*\*:26473}
  - Tuberculosis: {Refugee DME Assessment - TB:24299}
- Domestic Screening – communicable conditions:
  - Hepatitis B: {Refugee DME Assessment - Hep B:24302}
  - Hepatitis C: {Infected/Not Infected/\*\*:26478}
  - HIV: {Infected/Not Infected/\*\*:26471}
  - Intestinal Parasites: {Parasite Infection Status:27895}
  - Malaria: {Symptom Assessment:26476}, {Malaria :25992}
  - Strongyloides IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:24325::"Not Done"}
  - Schistosoma IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:27900::"Not Done"}
  - Syphilis: {Infected/Not Infected/\*\*:26473}
  - Tuberculosis: {Refugee DME Assessment - TB:24299}
- Domestic Screening – non-communicable conditions:
  - Anemia: {Yes/No:21763::"Not Done"}
- Domestic Screening – communicable conditions:
  - Hepatitis B: {Refugee DME Assessment - Hep B:24302}
  - Hepatitis C: {Infected/Not Infected/\*\*:26478}
  - HIV: {Infected/Not Infected/\*\*:26471}
  - Intestinal Parasites: {Parasite Infection Status:27895}
  - Malaria: {Symptom Assessment:26476}, {Malaria :25992}
  - Strongyloides IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:24325::"Not Done"}
  - Schistosoma IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:27900::"Not Done"}
  - Syphilis: {Infected/Not Infected/\*\*:26473}
  - Tuberculosis: {Refugee DME Assessment - TB:24299}
- Domestic Screening – non-communicable conditions:
  - Anemia: {Yes/No:21763::"Not Done"}
  - Dental caries: {Yes/No:21763::"Not Done"}
  - Elevated blood lead (PA Department of Health): {Yes/No:21763::"Not Done"}

Not yet speciated  
 Plasmodium falciparum  
 Plasmodium malariae  
 Plasmodium ovale  
 Plasmodium vivax  
 \*\*\*

Positive  
 Negative  
 Indeterminate  
 Test Pending  
 Not Done  
 \*\*\*

Positive  
 Negative  
 Indeterminate  
 Test Pending  
 Not Done  
 \*\*\*

- Domestic Screening – communicable conditions:
  - Hepatitis B: {Refugee DME Assessment - Hep B:24302}
  - Hepatitis C: {Infected/Not Infected/\*\*:26478}
  - HIV: {Infected/Not Infected/\*\*:26471}
  - Intestinal Parasites: {Parasite Infection Status:27895}
  - Malaria: {Symptom Assessment:26476}, {Malaria :25992}
  - Strongyloides IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:24325::"Not Done"}
  - Schistosoma IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:27900::"Not Done"}
  - Syphilis: {Infected/Not Infected/\*\*:26473}
  - Tuberculosis: {Refugee DME Assessment - TB:24299}
 

Infected, {Referral:26474}
Not infected
Unknown
***
- Domestic Screening – non-communicable conditions:
  - Anemia: {Yes/No:21763::"No"}
  - Dental caries: {Yes/No:21763::"No"}
  - Elevated blood lead (PA Department of Health): {Yes/No:21763::"No"}
  - Eosinophilia (CDC guidelines): {Yes/No:21763::"No"}
  - Malnutrition: {Malnutrition Type:24377::"No"}
  - Hyperreactive Malaria Selenomergalv (HMS) Syndrome (see CDC guidelines for
- Domestic Screening – communicable conditions:
  - Hepatitis B: {Refugee DME Assessment - Hep B:24302}
  - Hepatitis C: {Infected/Not Infected/\*\*:26478}
  - HIV: {Infected/Not Infected/\*\*:26471}
  - Intestinal Parasites: {Parasite Infection Status:27895}
  - Malaria: {Symptom Assessment:26476}, {Malaria :25992}
  - Strongyloides IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:24325::"Not Done"}
  - Schistosoma IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:27900::"Not Done"}
  - Syphilis: Infected, {Referral:26474}
  - Tuberculosis: {Refugee DME Assessment - TB:24299}
 

referred for treatment
not referred for treatment ***
***
- Domestic Screening – non-communicable conditions:
  - Anemia: {Yes/No:21763::"No"}
  - Dental caries: {Yes/No:21763::"No"}
  - Elevated blood lead (PA Department of Health): {Yes/No:21763::"No"}
  - Eosinophilia (CDC guidelines): {Yes/No:21763::"No"}
  - Malnutrition: {Malnutrition Type:24377::"No"}
  - Hyperreactive Malaria Selenomergalv (HMS) Syndrome (see CDC guidelines for
- Domestic Screening – communicable conditions:
  - Hepatitis B: {Refugee DME Assessment - Hep B:24302}
  - Hepatitis C: {Infected/Not Infected/\*\*:26478}
  - HIV: {Infected/Not Infected/\*\*:26471}
  - Intestinal Parasites: {Parasite Infection Status:27895}
  - Malaria: {Symptom Assessment:26476}, {Malaria :25992}
  - Strongyloides IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:24325::"Not Done"}
  - Schistosoma IgG: {Positive/Negative/Indeterminate/Test Pending/Not Done/\*\*:27900::"Not Done"}
  - Syphilis: Infected, {Referral:26474}
  - Tuberculosis: {Refugee DME Assessment - TB:24299}
 

No evidence of tuberculosis {TB Diagnosis Data:26276}
Latent tuberculosis infection {TB Diagnosis Data:26276}
Old, healed previously treated TB {TB Diagnosis Data:26276}
Active TB Disease {TB Diagnosis Data:26276}
Pending {TB Diagnosis Data:26276}
Incomplete Evaluation {TB Diagnosis Data:26276}
***
- Domestic Screening – non-communicable conditions:
  - Anemia: {Yes/No:21763::"No"}
  - Dental caries: {Yes/No:21763::"No"}
  - Elevated blood lead (PA Department of Health): {Yes/No:21763::"No"}
  - Eosinophilia (CDC guidelines): {Yes/No:21763::"No"}
  - Malnutrition: {Malnutrition Type:24377::"No"}
  - Hyperreactive Malaria Selenomergalv (HMS) Syndrome (see CDC guidelines for



{TB Diagnosis Data:26276}

ditions:

Health): {Yes/No:21763::"No"  
11763::"No"}

Based on overseas testing  
{IGRA Results in the US:TXT,18971}  
{Tuberculin Skin Test Results in the US:TXT,18972}  
{Chest X-Ray Results in the US:TXT,18974}  
\*\*\*

IGRA Results in the US:TXT, 18971 (Dropdown lists based on [ARHC Refugee Health Data Dictionary](#))  
Interferon-Gamma Release Assay from US-based test: {IGRA Result:26457}; Test used: {IGRA Test Used:26456::"Quantiferon"}

Interferon-Gamma Release Assay from US-based test: {IGRA Result:26457}; Test used: {IGRA Test Used:26456::"Quantiferon"}

Negative  
Positive  
Borderline  
Indeterminate  
Unknown  
\*\*\*

Interferon-Gamma Release Assay from US-based test: {IGRA Result:26457}; Test used: {IGRA Test Used:26456::"Quantiferon"}

Quantiferon  
T-spot  
Unknown  
\*\*\*

Tuberculin Skin Test Results in the US:TXT,18972 (Dropdown lists based on [ARHC Refugee Health Data Dictionary](#))

Tuberculin Skin Test (TST) from US-based test: {TST Result:26459};  
Past History of positive TST (prior to US test): {TST Past History:26458}

Tuberculin Skin Test (TST) from US-based test: {TST Result:26459};

Past History of positive TST (prior to US test): {TST Past History:26458};  
Negative, Induration: {TST Induration:26460}  
Positive, Induration: {TST Induration:26460}  
Given, not read  
Unknown  
\*\*\*

Tuberculin Skin Test (TST) from US-based test: {TST Result:26459};  
Past History of positive TST (prior to US test): {TST Past History:26458}

Yes  
No  
Unknown  
\*\*\*

Chest X-Ray Results in the US:TXT,18974 (Dropdown lists based on [ARHC Refugee Health Data Dictionary](#))

Chest X-Ray Results: {CXR Results:26461::"Normal"}

Chest X-Ray Results: {CXR Results:26461::"Normal"}

Normal  
Abnormal, Not TB  
Abnormal, consistent with TB: {TB Type:26462}  
Declined  
Unknown  
\*\*\*

Domestic Screening – non-communicable conditions:

{Yes/No:21763::"No"}

Yes \*\*\*  
No

Domestic Screening – non-communicable conditions:

Anemia: {Yes/No:21763::"No"}

Dental caries: {Yes/No:21763::"No"}

Elevated blood lead (PA Department of Health): {Yes/No:21763::"No"}

Eosinophilia (CDC guidelines): {Yes/No:21763::"No"}

Malnutrition: {Malnutrition Type:24377::"No"}

Hyperreactive Malaria Splenomegaly (HMS): {Yes/No:21763::"No"}

Mental health concerns: {Yes/No:21763::"No"}

Other: \*\*\*

Wasting  
Stunting  
Overweight  
Obesity  
\*\*\*  
No

**n:**

There are no diagnoses linked to this encounter.

Plan

Letters Age <6yo

**Plan:**

@ASSESSPLAN@

- Letters provided: {Letters Provided - Age <6yo:26097} (Letters Activity)
- Return to clinic in \*\*\*

**Immunizations:** @IMMDUE@

Customization

**Counseling:** {Refugee - DME Counseling:24379} point

Child Health Assessment  
G6PD Deficiency  
Hep B Status  
TB Status  
\*\*\*

Replace with Letters appropriate to your setting

Letters Age ≥6yo

**Plan:**

@ASSESSPLAN@

- Letters provided: {Letters Provided:24378} (Letters Activity)
- Return to clinic in \*\*\*

**Immunizations:** @IMMDUE@

Customization  
point

**Counseling:** {Refugee - DME Counseling:24379}

School Physical  
G6PD Deficiency  
Hep B Status  
TB Status  
\*\*\*

Replace with Letters appropriate to your setting

## Counseling

Counseling: {Refugee - DME Counseling:24379}

SCAN: {Yes, No:75355}

Total provider contact time exceeded {billing time minutes spent on counseling for LEVEL 5 ESTAB

Electronically signed by @ME@, @FDATE@

911
After Hours Telephone Number
Car seats, seatbelts, crosswalks
Care settings and access in the US
Expectations for adolescent healthcare in the US
Female genital cutting
Medication doses and intervals
Mental Health care
Nutrition
***

Total provider contact time exceeded {billing time:11233:"40 minutes, with more than 20 minutes spent on counseling for LEVEL 5 ESTABLISHED VISIT"}

Electronically signed by @ME@, @FDATE@

Customization  
point

\*\*\* ESTABLISHED VISIT CODES \*\*\*  
 10 minutes, with more than 5 minutes spent on counseling for LEVEL 2 ESTABLISHED VISIT  
 15 minutes, with more than 7.5 minutes spent on counseling for LEVEL 3 ESTABLISHED VISIT  
 25 minutes, with more than 12.5 minutes spent on counseling for LEVEL 4 ESTABLISHED VISIT  
 40 minutes, with more than 20 minutes spent on counseling for LEVEL 5 ESTABLISHED VISIT  
 \*\*\* NEW VISIT CODES \*\*\*  
 20 minutes, with more than 10 minutes spent on counseling for LEVEL 2 NEW VISIT  
 30 minutes, with more than 15 minutes spent on counseling for LEVEL 3 NEW VISIT  
 45 minutes, with more than 22.5 minutes spent on counseling for LEVEL 4 NEW VISIT  
 60 minutes, with more than 30 minutes spent on counseling for LEVEL 5 NEW VISIT  
 \*\*\*

Replace with appropriate billing codes/modifiers for your state.

## SmartLinks for DME Documentation:

@HCFA@: Head circumference for age

@WFL@: Weight for length

@SFA@: Stature (length) for age

@WFA@: Weight for age

@BMIFA@: Body Mass Index for age

@DEVFA@: Developmental questions by age up to 5 years old → CHOP-specific decision support

@IMMDUE@: Immunizations due at this visit → CHOP-specific decision support

## Hyperlinks for DME Documentation:

CDC mental health screening guidelines for refugees:

<https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/mental-health-screening-guidelines.html>
Malaria endemic regions: [https://www.cdc.gov/malaria/travelers/about\\_maps.html](https://www.cdc.gov/malaria/travelers/about_maps.html)Eosinophilia in refugees: <https://www.cdc.gov/immigrantrefugeehealth/pdf/fig3.pdf>

Hyperreactive Malaria Splenomegaly (HMS) Syndrome in refugees:

<https://www.cdc.gov/immigrantrefugeehealth/profiles/congolese/health-information/non-communicable-disease.html>

ARHC Refugee Health Data Dictionary:

<https://refugeehealthcoordinators.files.wordpress.com/2016/07/arhc-data-dictionary-final-01312014.pdf>

PA Department of Health lead guidelines:

[http://www.phila.gov/health/pdfs/GuideforClinicians7\\_8\\_13.pdf](http://www.phila.gov/health/pdfs/GuideforClinicians7_8_13.pdf)



## Additional Labs

### Overview:

Contains similar labs to those available in the Pre-Visit SmartSet in case the patient did not have a pre-visit (e.g. arrives for Domestic Medical Exam visit without OME labs or OME abstraction or had initial visit at an external institution). *Alternatively, organizations may prefer to eliminate this section from the DME SmartSet and encourage providers to open the Pre-Visit SmartSet for any supplemental lab ordering.*

### Section Comments:

None

## Supplemental Labs to Consider if not Already Addressed in Overseas Documentation

Supplemental Labs to Consider if not Already Addressed in Overseas Documentation		Edit SmartGroup	✕
<input type="checkbox"/> Amb Order: RPR Qualitative w/Rflx Titer-COMBO	Routine, Office Collect, Consider if no screening documented in overseas paperwork.		
<input type="checkbox"/> Amb Order: VZV IgG Serology-COMBO	Routine, Office Collect, Consider for refugees with no documented varicella vaccination (vaccination in the US is an alternative).		

### Map to Reference Information Model:

CHOP Order Name	Standard	Code
RPR Qualitative w/Rflx Titer	LOINC	20507-0, reflex to 31147-2 if positive
VZV IgG Serology	LOINC	19162-7

## Additional Labs Based on Individual Exposures and History

Additional Labs Based on Individual Exposures and History		Edit SmartGroup	✕
<input type="checkbox"/> Amb Order: Hepatitis C Antibody-COMBO	Routine, Office Collect		
<input type="checkbox"/> Amb Order: Rapid Cryptosporidium/Giardia antigen-COMBO	Routine, Office Collect		
<input type="checkbox"/> Amb Order: Basic Metabolic Panel-COMBO	Routine, Office Collect		
<input type="checkbox"/> Amb Order: Uric Acid (Bld)-COMBO	Routine, Office Collect, Blood, Blood, For Hmong Refugees.		
<input type="checkbox"/> Amb Order: Hepatic Function Panel	Routine, Office Collect		
<input type="checkbox"/> Amb Order: Vitamin D 25 OH-COMBO	Routine, Office Collect		
<input type="checkbox"/> Amb Order: Lipid Panel-COMBO	Routine, Office Collect, Blood, Blood		
<input type="checkbox"/> Amb Order: Hemoglobin A1C-COMBO	Routine, Office Collect, Blood, Blood		
<input type="checkbox"/> Amb Order: Urinalysis Rflx to Microscopic-COMBO	Routine, Office Collect		
<input type="checkbox"/> Amb Order: Vitamin B12 Level-COMBO	Routine, Office Collect, For refugees with predominantly vegan diet		
<input type="checkbox"/> Amb Order: NBS PA Supplemental - Initial	Routine, Office Collect, Patient born outside the United States - please add this to the newborn screen card.		
<input type="checkbox"/> Amb Order: Thyroid Stimulating Hormone-COMBO	Routine, Office Collect, For malnourished patients, short stature, or clinical suspicion.		
<input type="checkbox"/> Amb Order: G6PD Screen w/reflex to Quant	Routine, Office Collect		
<input type="checkbox"/> Amb Order: Anti-Tetanus Antibodies	Routine, Office Collect		
<input type="checkbox"/> Amb Order: Diphtheria Antibodies	Routine, Office Collect		
<input type="checkbox"/> Amb Order: Hepatitis A IgG Antibody	Routine, Office Collect		
<input type="checkbox"/> Amb Order: Measles IgG Serology-COMBO	Routine, Office Collect		
<input type="checkbox"/> Amb Order: Pneumococcal(STREP)Abs,IgG (19963-Q,812166-LC)	Routine, Office Collect		
<input type="checkbox"/> Amb Order: Poliovirus Neutralization-COMBO	Routine, Office Collect		

**Customization Point 1:** The CDC recommends conducting infant metabolic screening for newborns, according to state guidelines. In practice, many states will allow newborn screening for older children born outside of the US. Sites may want to customize this order by adding it to the Standing Labs for children <6 months or children <=4 years, depending upon their state's specifications.

**Customization Point 2:** The CDC notes that "immunizations administered outside the United States can be accepted as valid if the schedule (minimum ages and intervals) was similar to that recommended in the United States." However, "checking for laboratory evidence of immunity (i.e. antibody levels) is an acceptable alternative for certain antigens when previous vaccination or exposure is likely." Sites that routinely screening for laboratory evidence of immunity may decide to add these to the Standing Labs.

*Map to Reference Information Model:*

CHOP Order Name	Standard	Code
Hepatitis C Antibody-COMBO	LOINC	16128-1
Rapid Cryptosporidium/Giardia antigen-COMBO	LOINC	49232-2
Basic Metabolic Panel-COMBO	LOINC	24321-2
Uric Acid (Bld)-COMBO	LOINC	3084-1
Hepatic Function Panel	LOINC	24325-3
Lipid Panel-COMBO	LOINC	24331-1
Hemoglobin A1C-COMBO	LOINC	41995-2
Vitamin D 25-OH-COMBO	LOINC	1649-3
Urinalysis Rflx to Microscopic-COMBO	LOINC	57020-0
Vitamin B12 Level-COMBO	LOINC	16695-9
NBS PA Supplemental – Initial	LOINC	State-dependent
Thyroid Stimulating Hormone-COMBO	LOINC	3016-3
G6PD Screen w/reflx to Quant	LOINC	2357-2
Anti-Tetanus Antibodies	LOINC	32775-9

## Tuberculosis Testing follow up for Asymptomatic Patients

### Overview:

These sections provides guidance for further testing of refugees with (1) known positive tuberculin skin test (TST) or interferon-gamma release assay (IGRA) based on overseas testing without evidence of previous treatment for active or latent tuberculosis and for (2) symptomatic tuberculosis. It also includes treatment options for latent tuberculosis infection treatment. This is NOT the recommended location for providers to initiate treatment for symptomatic tuberculosis disease.

### Section Comments:

#### TST interpretation guidelines:

Induration of  $\geq 5$  mm is considered positive in

- Refugees with HIV
- Refugees known to have been recently in close contact with someone with infectious TB
- Refugees with changes on chest X-ray consistent with prior TB
- Refugees with organ transplants and other immunosuppressed patients

Induration of  $\geq 10$  mm is considered positive in all refugees.

### **Tuberculosis Class B Classification**

Patients who arrive with a TB Class B1, B2, or B3 designation should be referred to the local public health department that manages tuberculosis regardless of their TST or IGRA results. This is important to make sure that a full and complete evaluation for TB is conducted and documented for all individuals arriving with a TB Class B designation.

Consider Pyridoxine in pregnant or breastfeeding patients or those with conditions associated with neuropathy.

**Please be sure that all household contacts are also screened for TB.**

CDC Refugee Tuberculosis Guidelines

CDC LTBI Dosing Guidelines

Recommended Medical Follow-Up for TB Class B Arrivals

*nks:*

TST Interpretation Guidelines for refugees:

<https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/tuberculosis-guidelines.html#tst>

Consider Pyridoxine:

<https://www.cdc.gov/tb/publications/ltbi/treatment.htm#adverseEffectsLTBI>

CDC Refugee Tuberculosis Guidelines:

<https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/tuberculosis-guidelines.html>

CDC LTBI Treatment Guidelines:

<https://www.cdc.gov/tb/topic/treatment/ltbi.htm>

Recommended Medical Follow-Up for TB Class B Arrivals:

<http://www.health.state.mn.us/divs/idepc/diseases/tb/hcp/classrecs.pdf>

## Asymptomatic: Positive test and no symptoms

Asymptomatic: Positive test and no symptoms		Edit SmartGroup	X
<input type="checkbox"/> Amb Order: XR Chest 2VW AP or PA & Lateral	Routine, A 2 view CXR (PA + Lateral) is recommended in asymptomatic patients under age 10.		
<input type="checkbox"/> Amb Order: XR CHEST 1VW AP OR PA	A PA CXR is recommended in asymptomatic patients age 10 and over.		
<input type="checkbox"/> Amb Order: Isoniazid 50 mg/5mL Oral syrup	Print		
<input type="checkbox"/> Amb Order: Isoniazid 100 mg Oral tablet	Print		
<input type="checkbox"/> Amb Order: Isoniazid 300 MG Oral tablet	Print		
<input type="checkbox"/> Amb Order: rifampin 25 mg/mL Oral suspension	Print		
<input type="checkbox"/> Amb Order: rifampin 150 mg Oral capsule	Print		
<input type="checkbox"/> Amb Order: rifampin 300 mg Oral capsule	Print		
<input type="checkbox"/> Amb Order: Hepatic Function Panel-COMBO	Routine, Office Collect		
<input type="checkbox"/> Dx: Latent tuberculosis [R76.11]	Diagnosis summary.		
<input type="checkbox"/> Dx: Screening for tuberculosis [Z11.1]	Diagnosis summary.		
<input type="checkbox"/> Dx: Tuberculin skin test positive [R76.11]	Diagnosis summary.		
<input type="checkbox"/> Dx: Positive QuantiFERON-TB Gold test [R76.12]	Diagnosis summary.		
<input type="checkbox"/> Amb Order: CONSULT TO INFECTIOUS DISEASE (CHO*)	Internal referral, Refugee with positive TB screen		
<input type="checkbox"/> SmartText: REFUGEE LTBI PATIENT INSTRUCTIONS	SmartText summary.		

Customization Point: Referral practices for latent tuberculosis infection may vary by institution.

### Map to Reference Information Model:

CHOP Order Name	Standard	Code
XR Chest 2VW AP or PA & Lateral	LOINC	36687-2 or 42272-5
XR Chest 1VW AP OR PA	LOINC	36572-6 or 24648-8
Isoniazid 50mg/mL Oral Syrup	RxNORM	105292
Isoniazid 100mg Oral tablet	RxNORM	311166
Isoniazid 300 MG Oral tablet	RxNORM	197832
Rifampin 25mg/mL Oral suspension	RxNORM	1165464
Rifampin 150 mg Oral capsule	RxNORM	198201
Rifampin 300 mg Oral Capsule	RxNORM	198202
Hepatic Function Panel-COMBO	LOINC	24325-3
Latent tuberculosis	UMLS	C1609538
Screening for tuberculosis	UMLS	C0420004
Tuberculin skin test positive	UMLS	C1292081
Positive QUANTIFERON-TB Gold test	UMLS	C2585295

### SmartText: REFUGEE LTBI PATIENT INSTRUCTIONS

@NAME@ has latent tuberculosis. @FNAME@ is NOT infectious and may safely receive dental and other specialty care using routine precautions, including personal protective equipment that provides a barrier to blood and body fluids. Neither droplet nor airborne precautions are required for latent tuberculosis.

### Associated Diagnoses:

Order	Diagnosis(es)
XR Chest 2VW AP or PA & Lateral	Screening for tuberculosis [Z11.1]
XR Chest 1VW AP or PA	Screening for tuberculosis [Z11.1]
Isoniazid (all doses & forms)	Latent tuberculosis [R76.11]
Rifampin (all doses & forms)	Latent tuberculosis [R76.11]
Hepatic function panel	Screening for tuberculosis [Z11.1]
Consult to Infectious Diseases	Latent tuberculosis [R76.11]

## Positive Hep B Surface Antigen

### Overview:

This section provides guidance for further evaluation of refugees with positive hepatitis B surface antigen testing (and likely chronic hepatitis B infection) or isolated positive hepatitis B core antibody (an possible chronic hepatitis B infection).

### Section Comments:

[Interpretation of serologic test results for hepatitis B](#)

[Case definition for chronic hepatitis B](#)

[Multilingual Hepatitis B Patient Instructions](#)

### Hyperlinks:

Interpretation of serologic test results for hepatitis B:

<https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/hepatitis-screening-guidelines.html#table1>

Case definition of chronic hepatitis B:

<https://wwwn.cdc.gov/nndss/conditions/hepatitis-b-chronic/case-definition/2012/>

Multilingual Hepatitis B Patient Instructions

<https://ethnomed.org/patient-education/hepatitis>

## Supplemental Screening for Hepatitis B Patients

Supplemental Screening For Hepatitis B Patients		Edit SmartGroup
<input type="checkbox"/> Amb Order: Hepatitis Be Antigen-COMBO	Routine, Office Collect	
<input type="checkbox"/> Amb Order: Hepatitis Be Antibody-COMBO	Routine, Office Collect	
<input type="checkbox"/> Amb Order: Hepatitis B Virus DNA Quant-COMBO	Routine, Office Collect	
<input type="checkbox"/> Amb Order: Hepatic Function Panel-COMBO	Routine, Office Collect	
<input type="checkbox"/> Amb Order: US Abd RUQ - GB Liv Panc only	Expected: Today, Expires: 1 Year	
<input type="checkbox"/> Amb Order: Hepatitis A IgM Antibody-COMBO	Routine, Office Collect	
<input type="checkbox"/> Amb Order: Hepatitis A IgG Antibody	Routine, Office Collect	
<input type="checkbox"/> Amb Order: Hepatitis C Antibody-COMBO	Routine, Office Collect	
<input type="checkbox"/> Amb Order: CONSULT TO GASTROENTEROLOGY (CHOP)	Routine	
<input type="checkbox"/> Amb Order: CONSULT TO INFECTIOUS DISEASE (CHOP)	Order details	
<input type="checkbox"/> Dx: Hepatitis B [B19.10]	Diagnosis summary.	
<input type="checkbox"/> SmartText: Hepatitis B Patient Instructions	SmartText summary.	

### Map to Reference Information Model:

CHOP Order Name	Standard	Code
Hepatitis Be Antigen-COMBO	LOINC	31845-1
Hepatitis Be Antibody-COMBO	LOINC	22321-4
Hepatitis B Virus DNA Quant-COMBO	LOINC	29610-3
Hepatic Function Panel-COMBO	LOINC	24325-3
US Abd RUQ – GB Liv Panc only	LOINC	24532-4
Hepatitis A IgM Antibody-COMBO	LOINC	22314-9
Hepatitis A IgG Antibody	LOINC	32018-4
Hepatitis C Antibody-COMBO	LOINC	16128-1
Hepatitis B	UMLS	C0019163

### SmartText: Hepatitis B Patient Instructions

@NAME@ has hepatitis B. Hepatitis B can be transmitted via bodily fluids, but @FNAME@ may safely receive dental and other specialty care using routine precautions. Neither droplet nor airborne precautions are required.

*Associated Diagnoses:*

Order	Diagnosis(es)
Hepatitis Be Antigen	Hepatitis B [B19.10]
Hepatitis Be Antibody	Hepatitis B [B19.10]
Hepatitis B Virus DNA Quant	Hepatitis B [B19.10]
Hepatic Function Panel	Hepatitis B [B19.10]
US Abd RUQ – GB Liv Panc	Hepatitis B [B19.10]
Hepatitis A IgM Antibody	Hepatitis B [B19.10]
Hepatitis A IgG Antibody	Hepatitis B [B19.10]
Hepatitis C Antibody	Hepatitis B [B19.10]
Consult to Gastroenterology	Hepatitis B [B19.10]
Consult to Infectious Disease	Hepatitis B [B19.10]

*Customization point*

Referral practices for Hepatitis B may vary by institution.

Anti-Parasitic Treatment & Testing*Overview:*

Contains 5 SmartGroups – 2 for soil-transmitted helminths (12-23 month olds and ≥24 months – albendazole dose varies), 1 for strongyloidiasis, 1 for schistosomiasis, and 1 for malaria.

*Section Comments:*

[CDC Guidelines for Presumptive Treatment of Parasitic Infections](#)

*Hyperlinks:*

CDC Guidelines for Presumptive Treatment of Parasitic Infections

<https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/intestinal-parasites-domestic.html#table1>

## Soil-Transmitted Helminths (age 12-23 months)

*Restrictions:*

Age 12-23 months

Soil-transmitted helminths		Edit SmartGroup
<input type="checkbox"/> Amb Order: albendazole 200 mg (for non-pregnant patients over 12 months old)	200 mg, Oral, ONCE, Disp-1 tablet(s), R-0, Print	
<input type="checkbox"/> Amb Order: Ova and parasites-COMBO	Routine, Office Collect, Expires: 6 Months, Auto-release, Interval: , Count: 3, Stool, Stool, Consider in refugees who did not receive presumptive treatment (US-based presumptive treatment is an alternative).	

*Map to Reference Information Model:*

CHOP Order Name	Standard	Code
Albendazole 200mg	RxNORM	333832
Ova and parasites-COMBO	LOINC	26885-4

*Associated Diagnoses:*

Order	Diagnosis(es)
Albendazole 200mg	Encounter for screening for infectious and parasitic diseases, unspecified [Z11.9]
Ova and parasites	Encounter for screening for infectious and parasitic diseases, unspecified [Z11.9]

## Soil-Transmitted Helminths (age ≥ 24 months)

### Restrictions:

Age ≥24 months

Soil-transmitted helminths		Edit SmartGroup	×
<input type="checkbox"/> Amb Order: albendazole 400 mg (for non-pregnant patients over 12 months old)	400 mg, Oral, ONCE, Albendazole is not recommended for pregnant women or children under age 1., Disp-2 tablet(s), R-0, Print		
<input type="checkbox"/> Amb Order: Ova and parasites.COMBO	Routine, Office Collect, Expires: 6 Months, Auto-release, Interval: , Count: 3, Stool, Stool, Consider in refugees who did not receive presumptive treatment (US-based presumptive treatment is an alternative).		

### Map to Reference Information Model:

CHOP Order Name	Standard	Code
Albendazole 400mg	RxNORM	333832
Ova and parasites-COMBO	LOINC	26885-4

### Associated Diagnoses:

Order	Diagnosis(es)
<b>Albendazole 400mg</b>	Encounter for screening for infectious and parasitic diseases, unspecified [Z11.9]
<b>Ova and parasites</b>	Encounter for screening for infectious and parasitic diseases, unspecified [Z11.9]

## Strongyloidiasis

### Hyperlinks:

WHO Map of Countries with Endemic Loa loa

<http://www.who.int/apoc/raploa/en/>

Strongyloidiasis		Edit SmartGroup	×
<input type="checkbox"/> Amb Order: Ivermectin 3 MG Oral TABS (For patients >15kg, not pregnant, and not from Loa-loa endemic country or Loa-loa ruled out)	200 mcg/kg/DOSE (Dosing Weight), Oral, DAILY, Starting S for 2 days, Print		
<input type="checkbox"/> Amb Order: albendazole 400mg bid x 7 days (for non-pregnant patients over 12 months old from Loa-loa endemic countries)	400 mg, Oral, 2 TIMES DAILY, Starting S for 7 days, R-0, Print		
<input type="checkbox"/> Amb Order: Strongyloides Antibody IGG-COMBO	Routine, Office Collect, Blood, Blood, Consider in refugees who did not receive presumptive treatment (alternatively, US-based presumptive treatment is acceptable).		

### Map to Reference Information Model:

CHOP Order Name	Standard	Code
Ivermectin 3 MG Oral TABS	RxNORM	311207
Albendazole 200mg	RxNORM	333832
Strongyloides Antibody IGG-COMBO	LOINC	34376-4

### Associated Diagnoses:

Order	Diagnosis(es)
<b>Ivermectin 3 MG Oral TABS</b>	Encounter for screening for infectious and parasitic diseases, unspecified [Z11.9]
<b>Albendazole 400mg</b>	Encounter for screening for infectious and parasitic diseases, unspecified [Z11.9]
<b>Strongyloides Antibody IgG</b>	Encounter for screening for infectious and parasitic diseases, unspecified [Z11.9]

## Schistosomiasis

### Hyperlinks:

Global Schistosomiasis Atlas

[http://www.who.int/schistosomiasis/epidemiology/global\\_atlas\\_maps/en/](http://www.who.int/schistosomiasis/epidemiology/global_atlas_maps/en/)

Schistosomiasis (from Sub-Saharan Africa only)		Edit SmartGroup	X
<input type="checkbox"/> Amb Order: praziquantel 600 mg Oral tablet	20 mg/kg/DOSE (Dosing Weight), 2 TIMES DAILY, Starting S for 1 day, >4 years (and Sub-Saharan Africa), R-0, Print		
<input type="checkbox"/> Amb Order: Schistosoma Antibody, IgG -Q	Routine, Quest, Blood, Blood, Consider in refugees who did not receive presumptive treatment and patient is from schistosomiasis endemic region, see link above (alternatively, US-based presumptive treatment is acceptable).		

### Map to Reference Information Model:

CHOP Order Name	Standard	Code
Praziquantel 600 mg Oral tablet	RxNORM	198140
Schistosoma Antibody IgG-Q	LOINC	34306

### Associated Diagnoses:

Order	Diagnosis(es)
<b>Praziquantel 600mg Oral tablet</b>	Encounter for screening for infectious and parasitic diseases, unspecified [Z11.9]
<b>Schistosoma Antibody IgG</b>	Encounter for screening for infectious and parasitic diseases, unspecified [Z11.9]

## Malaria (from Malaria Endemic Region)

### Hyperlinks:

Post-arrival presumptive treatment guidelines

<https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/malaria-guidelines-domestic.html>

WHO Global Malaria Mapper

[http://www.who.int/malaria/publications/world\\_malaria\\_report/global\\_malaria\\_mapper/en/](http://www.who.int/malaria/publications/world_malaria_report/global_malaria_mapper/en/)

Malaria (from Malaria endemic region)		Edit SmartGroup	X
<input type="checkbox"/> Amb Order: atovaquone-proguanil pediatric tablets: 62.5-25 MG Oral tablet (for 5-8kg)	2 tablet(s), Oral, DAILY, Starting S for 3 days, Print		
<input type="checkbox"/> Amb Order: atovaquone-proguanil pediatric tablets: 62.5-25 MG Oral tablet (for 9-10kg)	3 tablet(s), DAILY, Starting S for 3 days, Print		
<input type="checkbox"/> Amb Order: atovaquone-proguanil 250-100 mg Oral tablet (for 11-20 kg)	1 tablet(s), Oral, DAILY, Starting S for 3 days, Print		
<input type="checkbox"/> Amb Order: atovaquone-proguanil 250-100 mg Oral tablet (for 21-30kg)	2 tablet(s), Oral, DAILY for 3 days, Print		
<input type="checkbox"/> Amb Order: atovaquone-proguanil 250-100 mg Oral tablet (for 31-40kg)	3 tablet(s), Oral, DAILY, Starting S for 3 days, Print		
<input type="checkbox"/> Amb Order: atovaquone-proguanil 250-100 mg Oral tablet (for 40+kg)	4 tablet(s), Oral, DAILY, Starting S for 3 days, Print		
<input type="checkbox"/> Amb Order: Blood parasite exam (AKA Malaria)	Routine, Office Collect, Blood, Blood, Consider in refugees who did not receive presumptive treatment and patient is from Sub-Saharan Africa (alternatively, US-based presumptive treatment is acceptable).		

### Map to Reference Information Model:

CHOP Order Name	Standard	Code
Atovaquone-proguanil pediatric tablets: 62.5-25 MG Oral tablet	RxNORM	864681
Atovaquone-proguanil 250-100 mg Oral tablet	RxNORM	864675
Blood parasite exam	LOINC	32700-7



*Associated Diagnoses:*

Order	Diagnosis(es)
<b>Atovaquone-proguanil (all doses)</b>	Encounter for screening for infectious and parasitic diseases, unspecified [Z11.9]; Health examination of defined subpopulation [Z02.89]
<b>Blood Parasite exam (AKA Malaria)</b>	Encounter for screening for infectious and parasitic diseases, unspecified [Z11.9]; Health examination of defined subpopulation [Z02.89]

## Asymptomatic Eosinophilia

### Overview:

Contains repeat CBC at time of Domestic Medical Exam and 3 months later, option for ova & parasites, Strongyloides antibody, and Schistosoma antibody as well as associated diagnosis of Eosinophilia.

### Section Comments:

[Management of parasitic infection for asymptomatic refugees who received complete pre-departure therapy](#)

[CDC Guidelines for Persistent Eosinophilia](#)

[CDC Presumptive Treatment Recommendations by Location](#)

Please ensure that the patient has completed presumptive treatment before checking for persistent eosinophilia or searching for alternative causes.

### Hyperlinks:

Management of parasitic infection for asymptomatic refugees who received complete pre-departure therapy

<https://www.cdc.gov/immigrantrefugeehealth/pdf/fig3.pdf>

CDC Guidelines for Persistent Eosinophilia

<https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/intestinal-parasites-domestic.html#screening5>

CDC Presumptive Treatment Recommendations by Location

<https://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/interventions/interventions.html>

### Follow-Up Testing

Follow-up testing		Edit SmartGroup	X
<input type="checkbox"/> Amb Order: CBC,Platelet With Differential-COMBO	Routine, Office Collect		
<input type="checkbox"/> Amb Order: CBC,Platelet With Differential-COMBO	Routine, Office Collect, Expected: 3 Months, Expires: 1 Year		
<input type="checkbox"/> Amb Order: Ova and parasites	Office Collect, Expires: 3 Months, Auto-release, Interval: Three times a Week, Count: 3, Stool, Stool		
<input type="checkbox"/> Amb Order: Strongyloides Antibody IGG-COMBO	Routine, Office Collect		
<input type="checkbox"/> Amb Order: Schistosoma Antibody, IgG -Q	Routine, Quest		
<input type="checkbox"/> Dx: Eosinophilia [D72.1]	Diagnosis summary.		

### Map to Reference Information Model:

CHOP Order Name	Standard	Code
CBC,Platelet With Differential-COMBO	LOINC	69742-5
Ova and parasites	LOINC	26885-4
Strongyloides Antibody IGG-COMBO	LOINC	34376-4
Schistosoma Antibody IgG-Q	LOINC	34306
Eosinophilia	UMLS	C2240374

### Associated Diagnoses:

Order	Diagnosis(es)
<b>CBC, Platelet with Differential (now)</b>	Eosinophilia [D72.1]
<b>CBC, Platelet with Differential (expected 3 months)</b>	Eosinophilia [D72.1]
<b>Ova and parasites</b>	Eosinophilia [D72.1]
<b>Strongyloides antibody IgG</b>	Eosinophilia [D72.1]
<b>Schistosoma antibody IgG</b>	Eosinophilia [D72.1]

## Hyperreactive Malaria Splenomegaly (HMS) syndrome (Congolese Refugees)

### Overview:

Contains orders and instructions for suspected Hyperreactive Malaria Splenomegaly.

### Section Comments:

[CDC Guideline for Hyperreactive Malaria Splenomegaly \(HMS\) syndrome](#)  
[Dosing recommendations for malaria \(see last paragraph\)](#)

### Hyperlinks:

CDC Guideline for Hyperreactive Malaria Splenomegaly (HMS) syndrome  
<https://www.cdc.gov/immigrantrefugeehealth/profiles/congolese/health-information/non-communicable-disease.html>

Dosing recommendations for malaria (see last paragraph)  
<https://www.cdc.gov/immigrantrefugeehealth/profiles/congolese/health-information/non-communicable-disease.html>

## Hyperreactive Malaria Splenomegaly (HMS) Syndrome (Congolese Refugees)

Hyperreactive Malaria Splenomegaly (HMS) Syndrome (Congolese Refugees)		Edit SmartGroup	X
<input type="checkbox"/> Amb Order: Immunoglobulin M-COMBO	Routine, Office Collect		
<input type="checkbox"/> Amb Order: G6PD Screen w/reflex to Quant	Routine, Office Collect		
<input type="checkbox"/> Amb Order: US Abd RUQ - GB Liv Panc only	Routine, CHOP Radiology Referral, Expected: Today, Expires: 1 Year		
<input type="checkbox"/> Amb Order: Primaquine Phosphate 15 mg Oral tablet; "Only if G6PD negative"	0.5 mg/kg/DOSE, Oral, DAILY, Starting S for 14 days, Print		
<input type="checkbox"/> Dx: Hyperreactive spleen syndrome due to malaria [B54, D77]	Diagnosis summary.		
<input type="checkbox"/> SmartText: Hyperreactive Malaria Splenomegaly (HMS) Syndrome Patient Instructions	SmartText summary.		

### Map to Reference Information Model:

CHOP Order Name	Standard	Code
Immunoglobulin M-COMBO	LOINC	2472-9
G6PD Screen w/reflex to Quant	LOINC	2357-2
US Abd RUQ – GB Liv Panc only	LOINC	24532-4
Primaquine Phosphat 15mg Oral tablet	RxNORM	904170
Hyperreactive spleen syndrome due to malaria	UMLS	C0343776

### SmartText: Hyperreactive Malaria Splenomegaly (HMS) Syndrome Patient Instructions

- Avoid physical activities that can cause abdominal trauma (e.g., contact sports) until given permission to participate by your doctor or nurse.

### Associated Diagnoses

Order	Diagnosis(es)
<b>Immunoglobulin M</b>	Hyperreactive spleen syndrome due to malaria [B54, D77]
<b>G6PD Screen w/reflex to Quant</b>	Hyperreactive spleen syndrome due to malaria [B54, D77]
<b>US Abd RUQ – GB Liv Panc only</b>	Hyperreactive spleen syndrome due to malaria [B54, D77]
<b>Primaquine Phosphate 15mg Oral tablet</b>	Hyperreactive spleen syndrome due to malaria [B54, D77]

## Nutritional Supplements

### Overview:

Contains 2 SmartGroups that dynamically populate based on the patient's age: Under age 18 and Age ≥18 years.

Customization point: Formulations and approaches to supplementation vary. Update to reflect local practice.

### Section Comments:

#### [Guidance on fluoride supplements](#)

#### Hyperlinks:

Guidance on fluoride supplements

<http://www.ada.org/en/member-center/oral-health-topics/fluoride-topical-and-systemic-supplements>

### Under Age 18:

#### Restrictions:

#### Under Age 18

Refugee Nutrition Supplements (Testing)		Edit SmartGroup	X
<input type="checkbox"/> Amb Order: Cholecalciferol 400 UNIT/ML Oral liquid (Age <= 12mo)	2,000 Units, Oral, DAILY, Take 2000 units (5 ML) daily for 12 weeks, then take 400 units (1ML) daily., Disp-180 mL, R-3, Print		
<input type="checkbox"/> Amb Order: Cholecalciferol 2000 UNITS Oral CHEW	2,000 Units, Oral, DAILY, Starting S for 90 days, R-0, Print		
<input type="checkbox"/> Amb Order: Pediatric Multivitamins-Iron (VITAMIN-MULTI W/IRON) 10 mg/mL Oral solution	1 mL, Oral, DAILY, Starting S for 90 days, Disp-100 mL, R-3, Print		
<input type="checkbox"/> Amb Order: Pediatric Multivitamins-Iron 15 MG Oral chewable tablet	1 tablet(s), DAILY, Starting S for 90 days, R-3, Print		
<input type="checkbox"/> Amb Order: ferrous sulfate 75 (15 Fe)mg/mL Oral solution	6 mg Fe/kg/24 hrs (Dosing Weight), Oral, Starting S for 90 days, R-2, Print		
<input type="checkbox"/> Amb Order: ferrous sulfate 325 (65 Fe) MG Oral tablet	65 mg Fe, Oral, DAILY, Starting S for 90 days, R-3, Print		
<input type="checkbox"/> Amb Order: Sodium Fluoride 0.55 (0.25 F) MG/0.6ML Oral SOLN (Age <=5yo)	0.6 mL, Oral, DAILY, Starting S for 90 days, R-3, Print		
<input type="checkbox"/> Amb Order: sodium fluoride 0.55 (0.25 F) MG Oral chewable tablet (Age <= 5yo)	0.25 mg Fl, Oral, DAILY, Starting S for 90 days, Disp-90 tablet(s), R-3, Print		

#### Map to Reference Information Model:

CHOP Order Name	Standard	Code
Cholecalciferol 400 UNIT/ML Oral liquid	RxNORM	251154
Cholecalciferol 2000 UNITS Oral CHEW	RxNORM	1233031
Pediatric Multivitamins-Iron (VITAMIN-MULTI W/IRON) 10mg/mL Oral solution	RxNORM	1183511 (may vary)
Pediatric Multivitamins-Iron 15 MG Oral chewable tablet	RxNORM	1183512 (may vary)
Ferrous sulfate 75 (15 Fe)mg/mL Oral solution	RxNORM	251156
Ferrous sulfate 325 (65 Fe) MG Oral tablet	RxNORM	310325
Sodium Fluoride 0.55 (0.25 F) MG/0.6ML Oral SOLN	RxNORM	636724
Sodium fluoride 0.55 (0.25 F) MG Oral chewable tablet	RxNORM	198215

#### Associated Diagnoses

Order	Diagnosis(es)
Cholecalciferol 400 U/ml	Health examination of defined subpopulation [Z02.89]
Cholecalciferol 2000 Units Oral CHEW	Vitamin D deficiency [E55.9], Health examination of defined subpopulation [Z02.89]
Pediatric Multivitamin with Iron (Oral Solution)	Health examination of defined subpopulation [Z02.89]
Pediatric Multivitamin with Iron (Oral Chewable	Health examination of defined subpopulation

<b>tablet)</b>	[Z02.89]
<b>Ferrous Sulfate 75 (15 Fe) mg/mL</b>	Anemia, unspecified type [D64.9], Health examination of defined subpopulation [Z02.89]
<b>Ferrous Sulfate 325 (65 Fe) MG Oral tab</b>	Anemia, unspecified type [D64.9], Health examination of defined subpopulation [Z02.89]
<b>Sodium Fluoride 0.55 (0.25 F) MG/0.6ML</b>	Health examination of defined subpopulation [Z02.89]
<b>Sodium Fluoride 0.55 (0.25 F) Oral chew</b>	Health examination of defined subpopulation [Z02.89]

Age ≥18 years:

*Restrictions:*

Age ≥18 years

Refugee Nutrition Supplements		Edit SmartGroup	X
<input type="checkbox"/> Amb Order: ergocalciferol 50000 units Oral capsule (for 25-OH D <20)	50,000 Units, THREE TIMES PER WEEK, Starting S for 12 doses, Disp-12 capsule(s), R-0, Print		
<input type="checkbox"/> Amb Order: Calcium 500 MG Oral CHEW	500 mg, Oral, 2 TIMES DAILY, Starting S for 90 days, R-0, Print		
<input type="checkbox"/> Amb Order: Multiple Vitamins-Minerals (MULTIVITAMIN ADULT) Oral TABS	1 tablet(s), Oral, DAILY, Starting S for 90 days, Disp-90 tablet(s), R-3		
<input type="checkbox"/> Amb Order: ferrous sulfate 325 (65 Fe) MG Oral tablet	65 mg Fe, Oral, Starting S for 90 days, R-2, Print		

*Map to Reference Information Model:*

CHOP Order Name	Standard	Code
ergocalciferol 50000 units Oral capsule	RxNORM	1367410
Calcium 500 MG Oral CHEW	RxNORM	308907
Multiple Vitamins-Minerals Oral TABS	RxNORM	Variable
Ferrous sulfate 325 (65 Fe) MG Oral tablet	RxNORM	310325

*Associated Diagnoses*

Order	Diagnosis(es)
<b>Ergocalciferol 50000 units</b>	Vitamin D deficiency [E55.9], Health examination of defined subpopulation [Z02.89]
<b>Calcium 500 MG Oral CHEW</b>	Vitamin D deficiency, Health examination of defined subpopulation [Z02.89]
<b>Multivitamin Adult</b>	Health examination of defined subpopulation [Z02.89]
<b>Ferrous Sulfate 325 (65 Fe) MG Oral tab</b>	Anemia, unspecified type [D64.9]

## Elevated Lead Follow Up

### Overview:

Contains orders for elevated lead level including repeat lead level and multivitamin with iron.

### Section Comments:

[Philadelphia Department of Health Lead Guidelines](#)

[CT Department of Health Multi Lingual Lead Resources](#)

### Hyperlinks:

Philadelphia Department of Health Lead Guidelines

[http://www.phila.gov/health/pdfs/GuideforClinicians7\\_8\\_13.pdf](http://www.phila.gov/health/pdfs/GuideforClinicians7_8_13.pdf)

CT Department of Health Multi Lingual Lead Resources

<http://www.ct.gov/dph/cwp/view.asp?a=3140&q=387548>

### Associated Diagnoses:

Order	Diagnosis(es)
<b>Lead Venous Blood</b>	Elevated blood lead level [R78.71]
<b>Pediatric Multivitamin with Iron</b>	Elevated blood lead level [R78.71]

### Customization point

Elevated Lead Testing

Edit SmartGroup

☐ Amb Order: Lead Venous Blood-COMBO Routine, Office Collect, Blood, Blood

☐ Amb Order: Pediatric Multivitamins-Iron (CHILDRENS MULTIVITAMIN/IRON) 15 MG Oral chewable tablet 1 tablet(s), Oral, DAILY for 30 days, R-2, Print

☐ Dx: Elevated blood lead level [R78.71] Diagnosis summary.

Some sites send zinc protoporphyrin for all or select patients

### Map to Reference Information Model:

CHOP Order Name	Standard	Code
Lead Venous Blood-COMBO	LOINC	77307-7
Pediatric Multivitamins-Iron (CHILDREN'S MULTIVITAMIN/IRON) 15 MG Oral chewable tablet	RxNORM	1183512 (may vary)
Elevated blood lead level	UMLS	C1318746

## STI Evaluation & Treatment

### Overview:

Contains 3 SmartGroups for STI Evaluation and Treatment: Baseline Sexual Health testing (HIV, pregnancy test), Gonorrhea/Chlamydia (testing and treatment), and Syphilis (testing and treatment).

### Section Comments:

[CDC STI Guidelines](#)

### Hyperlinks:

CDC STI Guidelines

<https://www.cdc.gov/std/tg2015/default.htm>

## Baseline Sexual Health Testing

### Restrictions

Age ≥12 years

Baseline Sexual Health Testing		Edit SmartGroup	X
<input type="checkbox"/> Amb Order: Urine Pregnancy Test(Office)	Routine, Back Office, Urine, Urine		
<input type="checkbox"/> Amb Order: HIV Antigen/Antibody-COMBO	Routine, Office Collect, Blood, Blood		
<input type="checkbox"/> Dx: Routine screening for STI (sexually transmitted infection) [Z11.3]	Diagnosis summary.		

### Map to Reference Information Model:

CHOP Order Name	Standard	Code
Urine pregnancy test(Office)	LOINC	2106-3
HIV Antigen/Antibody-COMBO	LOINC	56888-1
Routine screening for STI (sexually transmitted infection)	UMLS	C1319898

### Associated Diagnoses:

Order	Diagnosis(es)
Urine pregnancy test	Health examination of defined subpopulation [Z02.89]
HIV Antigen/Antibody	Routine screening for STI (sexually transmitted infection) [Z11.3]

## Gonorrhea/Chlamydia

### Restrictions

Age ≥12 years

### Hyperlinks:

CDC Refugee Gonorrhea Guidelines

<https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/sexually-transmitted-diseases/gonorrhea.html>

CDC Refugee Chlamydia Guidelines

<https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/sexually-transmitted-diseases/chlamydia.html>

CDC Gonorrhea Guidelines

<https://www.cdc.gov/std/tg2015/gonorrhea.htm>

## CDC Chlamydia Guidelines

<https://www.cdc.gov/std/tg2015/chlamydia.htm>

Gonorrhea/Chlamydia		Edit SmartGroup	X
<input type="checkbox"/> Amb Order: C.Trachomatis/N.Gonorrhoeae	Routine, Office Collect, Urine, Urine		
<input type="checkbox"/> Amb Order: Injection Fee [96372.999]	Back Office		
<input type="checkbox"/> FAM Order: ceftriaxone 250 mg injection (in 1% lidocaine) - Adjust dose if under 45 kg (see guideline)	Intramuscular, ONCE, Starting S		
<input type="checkbox"/> Amb Order: azithromycin 250 mg Oral tablet	1,000 mg, Oral, ONCE, Starting S, Disp-4 tablet(s), R-0, Print		
<input type="checkbox"/> Dx: Chlamydia trachomatis infection [A74.9]	Diagnosis summary.		
<input type="checkbox"/> Dx: Gonorrhea [A54.9]	Diagnosis summary.		

### Map to Reference Information Model:

CHOP Order Name	Standard	Code
C.Trachomatis/N.Gonorrhoeae	LOINC	44806-8
Ceftriaxone 250 mg injection (in 1% lidocaine)	RxNORM	309092
Azithromycin 250 mg Oral tablet	RxNORM	308460
Chlamydia trachomatis infection	UMLS	C1997322
Gonorrhea	UMLS	C0018078

### Associated Diagnoses:

Order	Diagnosis(es)
<b>C. Trachomatis/N. Gonorrhoeae NAAT</b>	Routine screening for STI (sexually transmitted infection) [Z11.3]
<b>Injection Fee</b>	Routine screening for STI (sexually transmitted infection) [Z11.3]
<b>Ceftriaxone 250mg injection</b>	Gonorrhea [A54.9]
<b>Azithromycin 250mg tablet</b>	

## Syphilis

### Restrictions

Age ≥12 years

### Hyperlinks:

CDC Refugee Syphilis Treatment Guidelines

<https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/sexually-transmitted-diseases/syphilis.html>

CDC General Syphilis Treatment Guidelines

<https://www.cdc.gov/std/tg2015/syphilis.htm>



Syphilis		Edit SmartGroup X
<input type="checkbox"/> Amb Order: Fluorescent Treponemal Antibod-COMBO	Routine, Office Collect	
<input type="checkbox"/> FAM Order: penicillin G BENZATHINE injection (For primary, secondary, or early latent syphilis acquired in the last 12 months)	Intramuscular, ONCE, Starting S	
<input type="checkbox"/> FAM Order: penicillin G BENZATHINE injection for late latent syphilis (acquired >12 months ago or unknown duration)	Intramuscular, EVERY 7 DAYS, Starting S for 3 doses	
<input type="checkbox"/> Amb Order: Medication Injection Fee	Back Office	
<input type="checkbox"/> Amb Order: CONSULT TO INFECTIOUS DISEASE (CHO*)	Refugee with syphilis	
<input type="checkbox"/> Dx: Syphilis [A53.9]	Diagnosis summary.	

### Map to Reference Information Model:

CHOP Order Name	Standard	Code
Fluorescent Treponemal Antibody	LOINC	34382-2
Penicillin G Benzathine	RxNORM	7980
Syphilis	UMLS	C0040843

### Associated Diagnoses:

Order	Diagnosis(es)
Fluorescent Treponemal Antibody	Syphilis [A53.9]
Penicillin G Benzathine (all doses)	Syphilis [A53.9]
Medication Injection Fee	Syphilis [A53.9]
Consult to Infectious Diseases	Syphilis [A53.9]

## Diagnoses

### Section Comments:

None

### Overview:

Contains 3 SmartGroups: Basic Diagnoses (Pediatric), Basic Diagnoses (Adult), and Additional Diagnoses. If planning to bill as a new patient well visit with a E5 supplemental visit, the well visit must be WITH abnormal findings. The documentation above and time spent providing these encounters supports a combination new patient visit and E5 additional visit. Please discuss with your organizations billing compliance if there are any questions.

### Basic Diagnoses (Pediatric)

#### Restrictions:

<18 years

Basic Diagnoses		Edit SmartGroup	X
<input checked="" type="checkbox"/> Dx: Encounter for well child exam with abnormal findings [Z00.121]	Diagnosis summary.		
<input checked="" type="checkbox"/> Dx: Health examination of defined subpopulation [Z02.89]	Diagnosis summary.		
<input checked="" type="checkbox"/> Dx: Encounter for screening for infectious and parasitic diseases, unspecified [Z11.9]	Diagnosis summary.		
<input checked="" type="checkbox"/> Dx: Language barrier, cultural differences [Z60.3]	Diagnosis summary.		
<input type="checkbox"/> Dx: Encounter for routine child health examination without abnormal findings [Z00.129]	Diagnosis summary.		
<input type="checkbox"/> Dx: Screening for endocrine, nutritional, metabolic and immunity disorder [Z13.29, Z13.21, Z13.228, Z13.0]	Diagnosis summary.		
<input type="checkbox"/> Dx: Incomplete immunization status [Z91.89]	Diagnosis summary.		

#### Map to Reference Information Model:

CHOP Diagnosis Name (ICD-10)	Standard	Code
Encounter for well child exam with abnormal findings	UMLS	C1444717
Health examination of defined subpopulation	UMLS	C0420163
Encounter for screening for infectious and parasitic diseases, unspecified	UMLS	C0420163
Language barrier, cultural differences	UMLS	C0237167
Encounter for routine child health examination without abnormal findings	UMLS	C1444717
Screening for endocrine, nutritional, metabolic and immunity disorder	UMLS	C0420024, C1444540
Incomplete immunization status	UMLS	C0474241

## Basic Diagnoses (Adult)

### Restrictions:

≥18 years

Basic Diagnoses		Edit SmartGroup	×
<input checked="" type="checkbox"/> Dx: Encounter for well adult exam with abnormal findings [Z00.01]	Diagnosis summary.		
<input checked="" type="checkbox"/> Dx: Health examination of defined subpopulation [Z02.89]	Diagnosis summary.		
<input checked="" type="checkbox"/> Dx: Encounter for screening for infectious and parasitic diseases, unspecified [Z11.9]	Diagnosis summary.		
<input checked="" type="checkbox"/> Dx: Language barrier, cultural differences [Z60.3]	Diagnosis summary.		
<input type="checkbox"/> Dx: Encounter for well adult exam without abnormal findings [Z00.00]	Diagnosis summary.		
<input type="checkbox"/> Dx: Screening for endocrine, nutritional, metabolic and immunity disorder [Z13.29, Z13.21, Z13.226, Z13.0]	Diagnosis summary.		
<input type="checkbox"/> Dx: Incomplete immunization status [Z91.89]	Diagnosis summary.		

### Map to Reference Information Model:

CHOP Diagnosis Name (ICD-10)	Standard	Code
Encounter for well adult exam with abnormal findings	UMLS	C1444562
Health examination of defined subpopulation	UMLS	C0420163
Encounter for screening for infectious and parasitic diseases, unspecified	UMLS	C0420163
Language barrier, cultural differences	UMLS	C0237167
Encounter for well adult exam without abnormal findings	UMLS	C1444562
Screening for endocrine, nutritional, metabolic and immunity disorder	UMLS	C0420024, C1444540
Incomplete immunization status	UMLS	C0474241

## Additional Diagnoses

Additional Diagnoses		Edit SmartGroup	×
<input type="checkbox"/> Dx: Adjustment disorder, unspecified type [F43.20]	Diagnosis summary.		
<input type="checkbox"/> Dx: Anemia, unspecified type [D64.9]	Diagnosis summary.		
<input type="checkbox"/> Dx: Delayed immunizations [Z28.3]	Diagnosis summary.		
<input type="checkbox"/> Dx: Dental caries [K02.9]	Diagnosis summary.		
<input type="checkbox"/> Dx: Developmental delay [R62.50]	Diagnosis summary.		
<input type="checkbox"/> Dx: Eosinophilia [D72.1]	Diagnosis summary.		
<input type="checkbox"/> Dx: Female genital cutting status [N90.810]	Diagnosis summary.		
<input type="checkbox"/> Dx: G6PD deficiency [D55.0]	Diagnosis summary.		
<input type="checkbox"/> Dx: Immune to hepatitis A [Z78.9]	Diagnosis summary.		
<input type="checkbox"/> Dx: Immune to varicella [Z78.9]	Diagnosis summary.		
<input type="checkbox"/> Dx: Influenza vaccine administered [Z23]	Diagnosis summary.		
<input type="checkbox"/> Dx: Hepatitis B virus infection, unspecified chronicity [B19.10]	Diagnosis summary.		
<input type="checkbox"/> Dx: History of hepatitis B [Z86.19]	Diagnosis summary.		
<input type="checkbox"/> Dx: Latent tuberculosis [R76.11]	Diagnosis summary.		
<input type="checkbox"/> Dx: Elevated blood lead level [R78.71]	Diagnosis summary.		
<input type="checkbox"/> Dx: Malaria [B54]	Diagnosis summary.		
<input type="checkbox"/> Dx: Schistosomiasis [B65.9]	Diagnosis summary.		
<input type="checkbox"/> Dx: Routine screening for STI (sexually transmitted infection) [Z11.3]	Diagnosis summary.		
<input type="checkbox"/> Dx: Screening for tuberculosis [Z11.1]	Diagnosis summary.		
<input type="checkbox"/> Dx: Tuberculin skin test positive [R76.11]	Diagnosis summary.		
<input type="checkbox"/> Dx: Positive QuantiFERON-TB Gold test [R76.12]	Diagnosis summary.		
<input type="checkbox"/> Dx: Strongyloides stercoralis infection [B78.9]	Diagnosis summary.		
<input type="checkbox"/> Dx: Vitamin D deficiency [E55.9]	Diagnosis summary.		
<input type="checkbox"/> Dx: Vitamin B12 deficiency [E53.8]	Diagnosis summary.		
<input type="checkbox"/> Dx: Need for prophylactic fluoride administration [Z41.8]	Diagnosis summary.		

### Map to Reference Information Model:

CHOP Diagnosis Name (ICD-10)	Standard	Code
Adjustment Disorder	UMLS	C1522520
Anemia, unspecified	UMLS	C0002871
Delayed immunizations	UMLS	C0421373
Dental Caries	UMLS	C0011334

Developmental delay	UMLS	C0424605
Eosinophilia	UMLS	C2240374
Female genital cutting status	UMLS	C1719554
G6PD Deficiency	UMLS	C2939465
Immune to hepatitis A	UMLS	C0458069
Immune to varicella	UMLS	C1269762
Influenza vaccine administered	UMLS	C3472707 or C0581024
Hepatitis B virus infection, unspecified chronicity	UMLS	C0019163
History of hepatitis B	UMLS	C1997078
Latent tuberculosis	UMLS	C1609538
Elevated blood lead level	UMLS	C1318746
Malaria	UMLS	C0024530
Schistosomiasis	UMLS	C0036323
Routine screening for STI (Sexually Transmitted Infection)	UMLS	C1319898
Screening for tuberculosis	UMLS	C0420004
Tuberculin skin test positive	UMLS	C1292081
Positive QUANTIFERON-TB Gold Test	UMLS	C2585295
Strongyloides stercoralis infection	UMLS	C0038461
Vitamin D deficiency	UMLS	C0042870
Vitamin B12 deficiency	UMLS	C0042847
Need for prophylactic fluoride administration	UMLS	C3662268

## Patient Instructions

### Overview:

Contains SmartText with basic Patient Instructions that will print on the After Visit Summary.

### Section Comments:

None



### *SmartText: Refugee DME Patient Instructions*

#### **For patient:**

- Emergencies: If you are having an emergency, please call 911.
- Call clinic/afterhours: If you are sick but it is not an emergency or you have a question for your doctor, please call \*\*\*-\*\*\*-\*\*\*\* (press 2) any day and any time (including nights and weekends) to speak to a nurse.
- Poison Help: 1-800-222-1222

#### Customization point

Please add your clinic phone number and local poison control center phone number here.

#### **For resettlement agency:**

- Dental care: Please help arrange an appointment with a dentist as soon as possible.

### Immunizations

@IMM@

### SmartLinks:

@IMM@: All immunizations received by this patient (including those ordered from today's visit)

## Level of Service

### Overview:

Dynamically populates with a New Patient Visit, Preventative Care by Age. Contains SmartGroups for <1 year old, 1-4 years, 5-11 years, 12-17 years, 18-39 years, 40-64 years, and Initial Preventive Medicine New Patient 65 years and older.

**Customization Point:** Appropriate codes may vary by state – please adjust for your location as needed.

### Section Comments:

[Level of Service Guidance for Refugee Initial Visits \(How to do a New Patient Well and Sick Visit within a single note\)](#)

### Hyperlinks:

[Level of Service Guidance for Refugee Initial Visits \(How to do a New Patient Well and Sick Visit within a single note\)](#)

**Customization point:** This document will need to be hosted on an internal webserver. It can be obtained from the authors.

<1 year

### Restrictions:

<1 year

Level of Service		Edit SmartGroup	✕
<input checked="" type="checkbox"/>	LOS Code: New Patient Visit, Preventative Care, < 1 year old (99381)	LOS Code summary.	

1-4 years

### Restrictions:

1-4 years

Level of Service		Edit SmartGroup	✕
<input checked="" type="checkbox"/>	LOS Code: New Patient Visit, Preventative, 1-4 year (99382)	LOS Code summary.	

5-11 years

### Restrictions:

5-11 years

Level of Service		Edit SmartGroup	✕
<input checked="" type="checkbox"/>	LOS Code: New Patient Visit, Preventative, 5-11 year (99383)	LOS Code summary.	

12-17 years

### Restrictions:

12-17 year

Level of Service		Edit SmartGroup	✕
<input checked="" type="checkbox"/>	LOS Code: New Patient Visit, Preventative, 12-17 year (99384)	LOS Code summary.	

18-39 years

### Restrictions:

18-39 years

Level of Service		Edit SmartGroup	✕
<input checked="" type="checkbox"/>	LOS Code: New Patient Visit, Preventative, 18-39 year (99384)	LOS Code summary.	

40-64 years

*Restrictions:*

40-64 years

Level of Service		<a href="#">Edit SmartGroup</a>	✕
<input checked="" type="checkbox"/>	LOS Code: New Patient Visit, Preventative, 40-64 year (99386)	LOS Code summary.	

≥65 years

*Restrictions:*

≥65 year

Level of Service		<a href="#">Edit SmartGroup</a>	✕
<input checked="" type="checkbox"/>	LOS Code: INITIAL PREVENTIVE MEDICINE NEW PATIENT 65YRS&> [99387]	LOS Code summary.	

## Follow Up

### Overview:

Defaults to “Follow up, as needed” under the assumption that most refugees continue care outside the facility that performs the Domestic Medical Exam. **If most refugees continue to get their primary care in the same institution where the Domestic Medical Exam is performed or the institution routinely sees refugees for more than 1 appointment, consider adjusting the defaults.**

### Section Comments:

None

Follow up (Single Response)		Exit SmartGroup	✕
<input type="checkbox"/>	Follow-up: Other (right click HERE to edit)	Follow-up summary.	
<input checked="" type="checkbox"/>	Follow-up: Follow up, as needed	Follow-up summary.	